

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30850

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MIAMI-DADE COUNTY DAYS, INC.

## Current Principal Place of Business:

% DADE COUNTY LEGISLATIVE DELEGATION  
111 NW 1ST ST #655  
MIAMI, FL 33128

## Current Mailing Address:

10719 SW 104 ST.  
MIAMI, FL 33176

## New Principal Place of Business:

13899 BISCAYNE BLVD.  
109  
NORTH MIAMI BEACH, FL 33181

## New Mailing Address:

13899 BISCAYNE BLVD.  
109  
NORTH MIAMI BEACH, FL 33181

FEI Number: 65-0102405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOMES, CHARLES L  
10719 SW 104 ST.  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

RAULSON, DIANNE W  
13899 BISCAYNE BLVD  
109  
NORTH MIAMI BEACH, FL 33181 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANNE W. RAULSON

04/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOPEZ, VINCENT JR  
Address: 150 W FLAGLER ST #1820  
City-St-Zip: MIAMI, FL 33130

Title: T ( ) Delete  
Name: GOMES, CHARLES L  
Address: 10719 SW 104 ST.  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: RAULSON, DIANNE  
Address: 14317 SW 62 ST  
City-St-Zip: MIAMI, FL 33183

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RAULSON, DIANNE W  
Address: 13899 BISCAYNE BLVD., #109  
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: D (X) Change ( ) Addition  
Name: RODRIGUEZ, ANA MARIA  
Address: 4440 NW 107 AVE, #205  
City-St-Zip: DORAL, FL 33178

Title: D (X) Change ( ) Addition  
Name: MASSA, JEANMARIE M  
Address: 328 PAYNE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE W. RAULSON

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date