

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N32612

1. Entity Name
DADE COUNTY H.O.G., INC.



Principal Place of Business

**17631 SO. DIXIE HWY
MIAMI, FL 33157 US**

Mailing Address

**17631 SO. DIXIE HWY
MIAMI, FL 33157 US**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0120484

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, DREW
17631 SO. DIXIE HWY
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000406833
02/07/06-80110-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEPPARD, LIVINGSTON
STREET ADDRESS	2905 WASHINGTON STREET
CITY-ST-ZIP	MIAMI, FL 331333826
TITLE	DS
NAME	PETERSON, DREW
STREET ADDRESS	17631 SO. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T
NAME	HULCE, JERRY
STREET ADDRESS	16823 SW 79 PL
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33157
TITLE	S
NAME	SEGURA, ELAINE
STREET ADDRESS	2911 SW 121 AVE.
CITY-ST-ZIP	MIAMI, FL 331752313
TITLE	AD
NAME	HAMILTON, TIMOTHY
STREET ADDRESS	19521 SW 128 COURT
CITY-ST-ZIP	MIAMI, FL 331774228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Elaine M. Segura,
Secretary**

01/13/06

Date

786-797-7771

Daytime Phone #