

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N51463

Entity Name: DADEFUND, INC.

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
505
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD.
505
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0366144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHACK, RUTH
200 SOUTH BISCAYNE BOULEVARD
SUITE 505
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRIO, MARIA ELENA
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GHISLAIN, GOURAIGE J
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: HUDSON, SHERILL
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: DP () Delete
Name: SHACK, RUTH
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: FARQUHAR, CAROL A
Address: 1031 WEST RHAN ROAD
City-St-Zip: DAYTON, OH 45429

Title: D () Delete
Name: MCKENNA, MARY
Address: 312 PINE STREET
City-St-Zip: ORANGE, TE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUTH SHACK

DP

04/28/2004

Electronic Signature of Signing Officer or Director

Date