## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N51463

OCUMENT# NS1463

FILED May 04, 2009 Secretary of State

Entity Name: DADEFUND, INC.

	Principal Place of Business:	New Principal Place of Business:	
	SCAYNE BLVD.	-	
505 ⁄IIAMI, FL	. 331315330 US		
Current N	Aailing Address:	New Mailing Address:	
200 S. BIS	SCAYNE BLVD.		
505	. 331315330 US		
,	r: 65-0366144 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Do	esired (X)
n accordar	nce with s. 607.193(2)(b), F.S., the corporation did no d Address of Current Registered Agent:		. ,
		Name and Address of New Registered Age	III.
SHACK, F 200 SOUT SUITE 50!	TH BISCAYNE BOULEVARD		
	331315330 US		
	e named entity submits this statement for the $\mathfrak p$ se of Florida.	ourpose of changing its registered office or registered ag	ent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Age	ent Date	
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS
itle: lame:	D () Delete COLLIFLOWER, ESTHER	Title: ( ) Change ( ) Addition Name:	
	200 SOUTH BISCAYNE BLVD, SUITE 505 MIAMI, FL 331315330 US	Address: City-St-Zip:	
city-St-Zip: itle: lame: address:			
City-St-Zip:  itle: lame: .ddress: City-St-Zip: itle: lame: .ddress:	MIAMI, FL 331315330 US  DS ( ) Delete GHISLAIN, GOURAIGE J 200 SOUTH BISCAYNE BLVD, SUITE 505	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:	
address: City-St-Zip: Citle: Lame:	MIAMI, FL 331315330 US  DS () Delete GHISLAIN, GOURAIGE J 200 SOUTH BISCAYNE BLVD, SUITE 505 MIAMI, FL 331315330 US  D () Delete MORALES, JIMMY ESQ. 200 SOUTH BISCAYNE BLVD, SUITE 505	City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	
itte: iame: ddress: itte: lame:	MIAMI, FL 331315330 US  DS () Delete GHISLAIN, GOURAIGE J 200 SOUTH BISCAYNE BLVD, SUITE 505 MIAMI, FL 331315330 US  D () Delete MORALES, JIMMY ESQ. 200 SOUTH BISCAYNE BLVD, SUITE 505 MIAMI, FL 331315330 US  DP () Delete SHACK, RUTH 200 SOUTH BISCAYNE BLVD, SUITE 505	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 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: RUTH SHACK DP 05/04/2009