

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001396

FILED
May 14, 2008
Secretary of State

Entity Name: SOUTH DADE REDEVELOPMENT CORPORATION

Current Principal Place of Business:

300 NW 12TH AVE.
MIAMI, FL 33128 US

New Principal Place of Business:

Current Mailing Address:

300 NW 12TH AVE.
MIAMI, FL 33128 US

New Mailing Address:

FEI Number: 65-0396666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOMINGUEZ, AGUSTIN
300 NW 12TH AVE
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

DOMINGUEZ, ELENA
300 NW 12TH AVE
MIAMI, FL 33128 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: ELENA DOMINGUEZ

05/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOMINGUEZ, AGUSTIN
Address: 300 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: VSD () Delete
Name: REVALES, RON
Address: 300 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: VD (X) Delete
Name: SIBLEY, RUSSELL
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DOMINGUEZ, ELENA
Address: 300 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: P (X) Change () Addition
Name: SIBLEY, RUSSELL
Address: 300 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

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: RUSSELL SIBLEY

P

05/14/2008

Electronic Signature of Signing Officer or Director

Date