

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 25, 2006**  
**Secretary of State**

DOCUMENT# N97000002277

**Entity Name:** DADE COUNTY COBA, INC.**Current Principal Place of Business:**10680 NW 25 STREET  
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**10680 NW 25 STREET  
MIAMI, FL 33172**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RIVERA, JOHN  
10680 NW 25 STREET  
MIAMI, FL 33172 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: PD ( ) Delete  
Name: DURAND, JORGE  
Address: 10680 NW 25TH ST  
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete  
Name: NEWMAN, PETER  
Address: 10680 NW 25TH ST  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: RIVERA, JOHN  
Address: 10680 NW 25TH ST  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: STAHL, STEADMAN  
Address: 10680 NW 25TH ST  
City-St-Zip: MIAMI, FL 33172

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN RIVERA

D

09/25/2006

Electronic Signature of Signing Officer or Director

Date