2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002165

FILED Jan 13, 2005 Secretary of State

Entity Name: DADE COUNTY FIREFIGHTERS BENEVOLENT BENEFIT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1252 8000 NW 21 STREET SOUTH MIAMI, FL 33243 226 MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** 8000 NW 21 ST MIAMI, FL 33122 FEI Number: 23-7034884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOEDER, JOHN SOEDER, JOHN 8000 NW 21 ST #226 8000 NW 21 ST MIAMI, FL 33124 #226 MIAMI, FL 33122 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: 01/13/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete THOMPSON, MIKE Name: Name: 8000 NW 21ST #226 Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: Title: () Delete () Change () Addition Name: REBOSO, RICHARD Name: Address: 8000 NW 21ST #226 Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: () Delete Title: (X) Change () Addition SOEDER, JOHN Name: SOEDER, JOHN Name: 8000 NW 21ST #226 Address: P.O. BOX 1252 Address: City-St-Zip: SOUTH MIAMI, FL 33243 City-St-Zip: SOUTH MIAMI, FL 33243 Title: () Delete Title: D (X) Change () Addition ADAMS, JIM Name: ADAMS, JIM Name: Address: P.O. BOX 1252 Address: 8000 NW 21ST #226 City-St-Zip: SOUTH MIAMI, FL 33243 City-St-Zip: SOUTH MIAMI, FL 33243 Title: () Delete Title: (X) Change () Addition FRANCKEWICH, MIKE FRANCKEWICH, MIKE Name: Name: 19805 SW 87 PL 8000 NW 21ST #226 Address: Address: MIAMI, FL 33157 MIAMI, FL 33122 City-St-Zip: 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: JOHN C SOEDER III TREA 01/13/2005