


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006626		
1. Entity Name NORTH DADE CONCERTED SERVICES, INC.		

Principal Place of Business 1830 NW 188TH TERRACE MIAMI, FL 33056	Mailing Address 1830 NW 188TH TERRACE MIAMI, FL 33056
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. S/A		Suite, Apt. #, etc. S/A	
City & State S/A		City & State S/A	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
BELCHER, BERNICE O 1830 NW 188TH TERRACE MIAMI, FL 33056	

4. FEI Number 65-0926824		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bernice O. Belcher-Miller DATE 9/3/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RALPH
STREET ADDRESS	16820 NW 20TH AVE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	D <input type="checkbox"/> Delete
NAME	ARMBRISTER, VASHITI
STREET ADDRESS	16035 NW 28TH CT
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, KATHY
STREET ADDRESS	350 NW 158TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Miller
STREET ADDRESS	1830 N.W. 188TH AVE.
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernice O. Belcher-Miller Date 9-13-06 Daytime Phone # 305-625-7586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
06 OCT -3 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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W6-K