2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N99000000225

Entity Name: MIAMI ADI COOPERATIVE ASSOCIATION, INC.

Current Principal Place of Business:

206 OCEAN WAY
SEAGROVE
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

4780 SW 64TH AVE
SUITE 104
DAVIE, FL 33314

New Mailing Address:

206 OCEAN WAY
SEAGROVE
VERO BEACH, FL 32963 US

FEI Number: 65-0900233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, SPENCER
2001 S. BISCAYNE BLVD
850
MIAMI, FL 33131 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: D ( ) Delete
Name: MCFARLAND, WILLIAM
Address: 206 OCEAN WAY SEAGROVE
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: PASQUALE, AL
Address: 10125 CLEARY BLVD
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: INTRIERI, ANN
Address: 19072 NE 29TH AVE.
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: SADANO, PATRICIA
Address: 800 DOUGLAS RD STE 160
City-St-Zip: MIAMI, FL 33134

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 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: WILLIAM C. MCFARLAND PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date