

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000001028**

1. Entity Name  
**MIAMI-DADE EMPOWERMENT TRUST, INC.**



Principal Place of Business  
**3050 BISCAYNE BLVD SUITE 300  
MIAMI, FL 33137**

Mailing Address  
**3050 BISCAYNE BLVD SUITE 300  
MIAMI, FL 33137**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0911008**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WALLACE, AUNDRA C  
MIAMI-DADE EMPOWERMENT TRUST, INC.  
3050 BISCAYNE BLVD. -SUITE 300  
MIAMI, FL 33137**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	FAIR, T. WILLARD
STREET ADDRESS	8500 NW 25 AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VPD
NAME	GOLDSBY, W. DEAN SR.
STREET ADDRESS	3050 BISCAYNE BLVD., SUITE 504
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	SDT
NAME	CARPENTER, WILLIE
STREET ADDRESS	28801 SW 157 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000594689  
01/23/07-80010-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aundra C. Wallace*  
Pres./CEO

Date

1-4-07 305-372-7620

Daytime Phone #