


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000002059		
1. Entity Name MIAMI-DADE COMMUNITY DEVELOPMENT, INC.		

FILED

06 AUG 11 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14343 SOUTHWEST 62 STREET MIAMI, FL 33183 US	Mailing Address 10690 S W 7TH TERRACE MIAMI, FL 33174
--	---



2. Principal Place of Business 19350 SW 77 Place		3. Mailing Address 19350 SW 77 Place	
Suite, Apt. #, etc. A		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33157	Country USA	Zip 33157	Country USA

08082006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0908890	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent DE VILLEGAS, ELENA DIAZ 10690 S W 7 TERRACE MIAMI, FL 33174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEMAN, EVA 12260 SW 8 STREET #224 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aleman, Eva <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10300 SW 24 Street, Apt. C35 Miami, Florida 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCBRIDE, SILVIA 10690 SW 2 TERRACE MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700078761087 08/18/06-01015-015 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CLAUDIA 14343 SOUTHWEST 62 STREET MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	president Alvarez, Claudia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19350 SW 77 Place Miami, Florida 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #