

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004038
 1. Entity Name
 MIAMI-DADE LIMESTONE PRODUCTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 13292 NW 118 AVE 13292 NW 118 AVE
 MIAMI, FL 33178 MIAMI, FL 33178



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08012005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-0663819 Not Applicable

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

6. Name and Address of Current Registered Agent
 TOMAS-MARTINEZ, VICTORIA E
 13292 NW 118 AVE
 MIAMI, FL 33178

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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: *Victoria E. Martinez* DATE: 7/29/05
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 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRKMYER, CLIFF
STREET ADDRESS	13292 NW 118 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	ST
NAME	HURLEY, JIM
STREET ADDRESS	13292 NW 118 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	WATSON, KARL
STREET ADDRESS	13292 NW 118 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	VECELLIO, LEO
STREET ADDRESS	13292 NW 118 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	JOHNSON, HARDY
STREET ADDRESS	13292 NW 118 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	BAKER, JOHN
STREET ADDRESS	13292 NW 118 AVE
CITY-ST-ZIP	MIAMI, FL 33178

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jim Hurley* DATE: 7-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #