

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
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**



03092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0663819 Applied For
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) 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**

U00000701728
 04/20/07-80066-016 70.00

10. OFFICERS AND DIRECTORS

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

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____