## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000120578

LOPEZ, ELIZABETH

7951 SW 35 TERR

City-St-Zip: MIAMI, FL 33155

Name:

Address:

Entity Name: SOUTH DADE DEVELOPMENT INC

FILED Mar 23, 2009 Secretary of State

Entity Name: SOUTH DADE DEVELOPMENT, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
9041 SW 5 MIAMI, FL						
Current Mailing Address:			New Mailing Address:			
9041 SW 5 MIAMI, FL						
FEI Number:	: 57-1136699	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificat	e of Status Desired()
Name and	Address of C	Name and	Name and Address of New Registered Agent:			
STOLARC 9041 SW 5 MIAMI, FL	ZYK, MARCEL 57 TERR 33173 US	0				
	named entity s e of Florida.	submits this statement for the pur	pose of changing i	ts registered	office or re	gistered agent, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agent				Date
Election Car	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () STOLARCZYK, 9041 SW 57 TE MIAMI, FL 331	RR	Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title: Name: Address: City-St-Zip:	D () HERNANDEZ, F 8575 SW 115 C MIAMI, FL		Title: Name: Address: City-St-Zip:	D (2 HERNANDEZ, 8575 SW 115 MIAMI, FL 33	CT	) Addition
Title: Name: Address: City-St-Zip:	DS () LOPEZ, RAFAE 8461 SW 179 S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title: Name: Address: City-St-Zip:	D () HERNANDEZ, E 18954 NW 91 A MIAMI, FL 330	VE	Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title:	D ()	Delete	Title:	(	) Change (	) Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCELO STOLARCZYK P 03/23/2009