

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91226 033 ***150.00

DOCUMENT # P03000045800 1. Entity Name NORTH DADE YELLOW PAGES, INC.			
Principal Place of Business 2355 SE 7 PL HOMESTEAD, FL 33033		Mailing Address 2355 SE 7 PL HOMESTEAD, FL 33033	
2. Principal Place of Business 9245 S.W. 157th St Suite Apt. #, etc. 105 City & State Miami, Florida Zip 33157		3. Mailing Address 9245 S.W. 157th St Suite Apt. #, etc. 105 City & State Miami, Florida Zip 33157	
4. FEI Number 04302004		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Mahoney, Diann K. Street Address (P.O. Box Number is Not Acceptable) 9245 S.W. 157th Street Suite 105 City Miami	
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 Diann K. Mahoney Diann K. Mahoney-PRES. 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>		DATE 4/30/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MAHONEY, DIANN K 2355 SE 7 PL HOMESTEAD, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mahoney, Diann K. 9245 S.W. 157th St. Ste 105 Miami, FL 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
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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 607, 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: Diann K. Mahoney Diann K. Mahoney-PRES. 4/30/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Daytime Phone #
(305)233-2660