

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000045800

1. Entity Name  
NORTH DADE YELLOW PAGES, INC.



**FILED  
May 04, 2006 8:00 am  
Secretary of State**

05-04-2006 90213 041 \*\*\*150.00

Principal Place of Business  
9245 SW 157TH ST, #105  
MIAMI, FL 33157

Mailing Address

9245 SW 157TH ST, #105  
MIAMI, FL 33157

2. Principal Place of Business  
1005 N. Krome Ave. STE. 114  
Suite, Apt. #, etc.  
Homestead, FL  
City & State  
Zip  
33030 Country USA

3. Mailing Address  
1005 N. Krome Ave.  
Suite, Apt. #, etc.  
SEE. 114  
Homestead, FL  
City & State  
Zip  
33030 Country USA

05012006 Chg-P CR2E034 (11/05)

4. FEI Number  
73-1702173

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MAHONEY, DIANN K  
9245 SW 157TH ST, #105  
MIAMI, FL 33157

Name Mahoney, Dianne K.

Street Address (P.O. Box Number is Not Acceptable)

1005 N. Krome Ave. Ste. 114  
Homestead

FL Zip Code 33030

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME MAHONEY, DIANN K  
STREET ADDRESS 9245 SW 157TH ST, #105  
CITY-ST-ZIP MIAMI, FL 33157

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Mahoney, Dianne K.  
1005 N. Krome Ave. Ste. 114  
Homestead, FL 33030

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)

Diann K. Mahoney Diann K. Mahoney 5/1/06 233-2660