


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90213 041 ***150.00

DOCUMENT # P03000045800 1. Entity Name NORTH DADE YELLOW PAGES, INC.			
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 City & State Homestead, FL. Zip 33030		3. Mailing Address 1005 N. Krome Ave. Ste. 114 City & State Homestead, FL. Zip 33030	
4. FEI Number 73-1702173		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, DIANN K 9245 SW 157TH ST, #105 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Mahoney, Diann K. Street Address (P.O. Box Number is Not Acceptable) 1005 N. Krome Ave. Ste. 114 City 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 _____ (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. <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 9245 SW 157TH ST, #105 MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mahoney, Diann K. 1005 N. Krome Ave. Ste. 114 Homestead, FL. 33030
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
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
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
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
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: <i>Diann K. Mahoney</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Diann K. Mahoney</i>	
Date <i>5/1/06</i>		Daytime Phone # <i>(305) 233-2660</i>	