


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State


05-11-2007 90035 018 ***150.00

DOCUMENT # P03000045800	
1. Entity Name NORTH DADE YELLOW PAGES, INC.	

Principal Place of Business 1005 N. KROME AVE STE 1114 HOMESTEAD, FL 33030	Mailing Address 1005 N. KROME AVE STE 1114 HOMESTEAD, FL 33030
---	---

DO NOT WRITE IN THIS SPACE

401111



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1702173	Applied For 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
1005 N. KROME AVE. STE 114
HOMESTEAD, FL 33030

DO NOT WRITE
IN THIS SPACE

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 - President 4/30/07 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MAHONEY, DIANN K 1005 N. KROME AVE. STE. 114 HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST- ZIP	President Mahoney, Diann K 100 NE 15th St Ste 210 Homestead, Fl. 33030
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

DO NOT WRITE
IN THIS SPACE

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: Diann K. Mahoney - Diann K. Mahoney - Pres. 4/30/07 DATE 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)
233-
2660