


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90223 002 ***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
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2. Principal Place of Business No P.O. Box # 100 N.E. 15th St.	3. Mailing Address 100 N.E. 15th St.
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
City & State Homestead, FL	City & State Homestead, FL
Zip 33030	Zip 33030
Country USA	Country USA



04252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MAHONEY, DIANN K 1005 N. KROME AVE. STE 114 HOMESTEAD, FL 33030	
7. Name and Address of New Registered Agent Name Mahoney, Diann K. Street Address (P.O. Box Number is Not Acceptable) 100 N.E. 15th St. Ste 210 City 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. Diann K. Mahoney - Diann K. Mahoney 4/30/08 (305) 233-2660 SIGNATURE: Diann K. Mahoney DATE: 4/30/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAHONEY, DIANN K 1005 N. KROME AVE. STE. 114 HOMESTEAD, FL 33030 <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	P MAHONEY, DIANN K. 100 NE 15TH ST STE 210 HOMESTEAD, FL 33030 <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
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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 4/30/08 (305) 233-2660 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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