


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000126881
 1. Entity Name
MIAMI DADE PUMP & SUPPLY COMPANY



Principal Place of Business Mailing Address
 6008 N.W. 6TH AVENUE 6008 N.W. 6TH AVENUE
 MIAMI, FL 33127 MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5648517	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

DELANEY, JOHN K
 6008 N.W. 6TH AVENUE
 MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

B. 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELANEY, JOHN K 6008 N.W. 6TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ESTRADA, DIONISIO A 6008 N.W. 6TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWNING, JASON K 6008 N.W. 6TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DELANEY, MARILYN S 6008 N.W. 6TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000793421
 01/25/08-80008-010 150.00

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:  Date: **1-21-08** Daytime Phone #: **305-751-3535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR