

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003176

Entity Name: SOUTH DADE BEEPERS, INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

20279 OLD CUTLER ROAD  
MIAMI, FL 33189

## New Principal Place of Business:

20279 OLD CUTLER ROAD  
CUTLER BAY, FL 33189 US

## Current Mailing Address:

20279 OLD CUTLER ROAD  
MIAMI, FL 33189

## New Mailing Address:

20279 OLD CUTLER ROAD  
CUTLER BAY, FL 33189 US

FEI Number: 65-0461085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERA, CARLOS M  
21368 SW 92 AVE  
MIAMI, FL 33189 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RIVERA, CARLOS M  
Address: 21368 SW92 AVE  
City-St-Zip: MIAMI, FL 331893820

Title: D ( ) Delete  
Name: RIVERA, MIRIAM  
Address: 21368 SW 92 AVE  
City-St-Zip: MIAMI, FL 331893820

Title: D ( ) Delete  
Name: RIVERA, JAIME A  
Address: 21368 SW 94 AVE  
City-St-Zip: MIAMI, FL 331893820

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M RIVERA

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date