
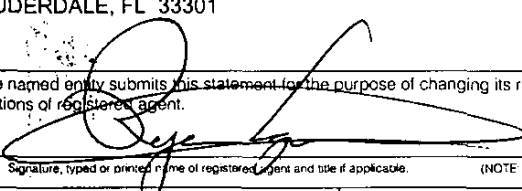
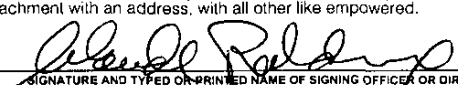


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 042 ***150.00

DOCUMENT # P96000033723 1. Entity Name DADE MANAGEMENT INC.			
Principal Place of Business ONE EAST BROWARD BLVD. SUITE 1010 FORT LAUDERDALE, FL 33301 US		Mailing Address ONE EAST BROWARD BLVD. SUITE 1010 FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business - No P.O. Box # 7800 W Oakland Park Suite, Apt. #, etc. G-121		3. Mailing Address 7800 W Oakland Park Blvd Suite, Apt. #, etc. G-121	
City & State Sunrise, Florida		City & State Sunrise, Florida	
Zip 33351	Country USA	Zip 33351	Country USA
4. FEI Number 65-0663052		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 MANELLA, ROSS H ESQ ONE EAST BROWARD BLVD. SUITE 1010 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name LAPIERRE, REJEAN Street Address (P.O. Box Number is Not Acceptable) 7800 W. Oakland Park Blvd. Suite G-121 City Sunrise	
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.		FL Zip Code 33351	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 02/22/2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PST	NAME ROBIDOUX, CLAUDE	TITLE 	NAME
STREET ADDRESS 7800 WEST OAKLAND PARK BLVD., BLDG. G	CITY-ST-ZIP SUNRISE, FL 33351	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/22/07	