


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000068112 1. Entity Name DADE CORPORATE SERVICES, INC.	
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FILED
06 MAR 28 PM 12:55
TALLAHASSEE STATE
FLORIDA

Principal Place of Business 2300 CORAL WAY STE 103 MIAMI, FL 33145 US	Mailing Address 2300 CORAL WAY STE 103 MIAMI, FL 33145 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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03182006 Chg-P CR2E034 (11/05)

Zip	Country	Zip	Country
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4. FEI Number 65-0775788	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILLIAMS, VIVIAN 2300 CORAL WAY MIAMI, FL 33145

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
<table style="width: 100%;"> <tr> <td style="width: 80%;">FL</td> <td>Zip Code</td> </tr> </table>	FL	Zip Code
FL	Zip Code	

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 _____	DATE _____
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(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	
TITLE	DP <input type="checkbox"/> Delete
NAME	WILLIAMS, V
STREET ADDRESS	2300 CORAL WAY, STE 103
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DS <input type="checkbox"/> Delete
NAME	LARREA, LINDA
STREET ADDRESS	2300 CORAL WAY STE 111
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

JW 3/28

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04/04/06--01031--011 **158.75

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: <u>Vivian Williams</u>	Date: <u>3/18/06</u>	Daytime Phone # _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR