


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91226 034 ***150.00

DOCUMENT # P98000038128

1. Entity Name
SOUTH DADE YELLOW PAGES, INC.



Principal Place of Business Mailing Address

~~2355 SE 7TH PLACE~~ ~~2355 SE 7TH PLACE~~
~~HOMESTEAD, FL 33033 US~~ ~~HOMESTEAD, FL 33033 US~~

24007011



2. Principal Place of Business 3. Mailing Address

9245 S.W. 157th St **9245 S.W. 157th St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

105 **105**

City & State City & State

Miami, Florida **Miami, Florida**

Zip Zip Country Country

33157 **33157** **USA** **USA**

04302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0835537 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, DIANN K
2355 SE 7TH PLACE
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name: **Mahoney, Diann K.**

Street Address (P.O. Box Number is Not Acceptable): **9245 S.W. 157th Street**

Suite, Apt. #, etc.: **Suite 105**

City: **Miami** FL Zip Code: **33157**

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: **Diann K. Mahoney** **Diann K. Mahoney - Pres. 4/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, DIANN K	NAME	President Mahoney, Diann K.
STREET ADDRESS	2355 SE 7TH PLACE	STREET ADDRESS	9245 S.W. 157th St. Ste 105
CITY-ST-ZIP	HOMESTEAD, FL 33033	CITY-ST-ZIP	Miami, Fl. 33157
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, DIANN K	NAME	
STREET ADDRESS	10664 S.W. 186TH STREET.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 - Pres. 4/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305) 233-2660