


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90035 016 \*\*\*150.00

**DOCUMENT # P98000038128**

1. Entity Name  
 SOUTH DADE YELLOW PAGES, INC.



Principal Place of Business 1005 N KROME AVE SUITE 114 HOMESTEAD, FL 33030 US	Mailing Address 1005 N KROME AVE SUITE 114 HOMESTEAD, FL 33030 US
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0835537	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, DIANN K  
 1005 N KROME AVE  
 SUITE 114  
 HOMESTEAD, FL 33030

**DO NOT WRITE IN THIS SPACE**

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 - President* 4/30/07  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHONEY, DIANN K
STREET ADDRESS	1005 N KROME AVE., SUITE 114
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	P
NAME	MAHONEY, DIANN K
STREET ADDRESS	10664 S.W. 186TH STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<i>President</i>
NAME	<i>Mahoney, Diann K</i>
STREET ADDRESS	<i>100 NE 15th St Ste 210</i>
CITY-ST-ZIP	<i>Homestead, Fl. 33030</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Diann K. Mahoney - Diann K. Mahoney - Pres.* 4/30/07  
Signature and typed or printed name of signing officer or director Date Daytime phone # *(305) 233-2660*