


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90224 050 ***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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2. Principal Place of Business - No P.O. Box 100 N.E. 15th St. Suite, Apt. #, etc. 210	3. Mailing Address 100 N.E. 15th St. Suite, Apt. #, etc. 210
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City & State Homestead, FL Zip 33030 Country USA	City & State Homestead, FL Zip 33030 Country USA
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04252008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name **Mahoney, Diann K.**
 Street Address (P.O. Box Number is Not Acceptable)
100 N.E. 15th St. Ste 210
 City **Homestead FL** Zip Code **33030**

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** DATE **4/30/08** **(305) 233-2660**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 <input type="checkbox"/> Delete
NAME	MAHONEY, DIANN K
STREET ADDRESS	1005 N KROME AVE., SUITE 114
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	P <input type="checkbox"/> Delete
NAME	MAHONEY, DIANN K
STREET ADDRESS	10664 S.W. 186TH STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	P <input type="checkbox"/> Delete
NAME	MAHONEY, DIANN K
STREET ADDRESS	100 NE 15TH ST STE 210
CITY-ST-ZIP	HOMESTEAD, FL 33030
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
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STREET ADDRESS	
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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	

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** DATE **4/30/08** **(305) 233-2660**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #