

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055058

FILED  
Sep 02, 2005  
Secretary of State

**Entity Name:** NORTH DADE-SOUTH BROWARD PROPERTIES, INC.

**Current Principal Place of Business:**

290 N.W. 183RD ST  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

290 N.W. 183RD ST  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0996837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROSEN, STEVEN M  
5601 BISCAYNE BLVD  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** DILLARD, PATRICIA  
**Address:** 5601 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PATRICIA DILLARD

PD

09/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date