

ANNUAL REPORT

DOCUMENT # S15954

1. Entity Name
DADE COUNTY COURIER, INC.Jan 09
Sec

Principal Place of Business

8249 NW 36 ST.
STE. 121
DORAL, FL 33166

Mailing Address

8249 NW 36 ST.
STE. 121
DORAL, FL 33166

01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0211840Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELENA N.
8249 NW 36ST.
STE. 121
MIAMI, FL 33166**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000379013

01/10/06 85005 013 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, ELENA N.
STREET ADDRESS 8249 NW 36 STREET, #121
CITY-ST-ZIP DORAL, FL 33166TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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NAME
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CITY-ST-ZIPTITLE
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