#### SIGNATURE: ROBERT J. FRIEDMAN

Electronic Signature of Signing Officer/Director Detail

## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N0500006820

#### Entity Name: MIAMI-DADE EMPLOYABILITY NETWORK, INC.

#### **Current Principal Place of Business:**

C/O ROBERT FRIEDMAN, ESQ. 701 BRICKELL AVE STE 3000 MIAMI, FL 33131

## **Current Mailing Address:**

C/O ROBERT FRIEDMAN, ESQ. 701 BRICKELL AVENUE, #3000 MIAMI, FL 33131

# FEI Number: 14-1941173

### Name and Address of Current Registered Agent:

FRIEDMAN, ROBERT J 701 BRICKELL AVENUE **SUITE 3000** MIAMI, FL 33131 US

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

### **Officer/Director Detail :**

City-State-Zip: MIAMI FL 33131

| Title                      | DIR  | Title                                       | PRES  |
|----------------------------|--|---|---|
| Name                       | FRIEDMAN, ROBERT J                                   | Name  | CASTILLO-FRICK, ILIANA  |
| Address                    | 701 BRICKELL AVENUE, SUITE 3000                      | Address                                     | 11011 SW 104TH STREET, ROOM   |
| City-State-Zip:            | MIAMI FL 33131                                       | City-State-Zip:                             | 1107<br>MIAMI FL 33176  |
| Title<br>Name              | SEC<br>NUNES, DAVID                                  | Title<br>Name<br>Address<br>City-State-Zip: | DIR<br>CIFFONI, ZULAY<br>703 WATERFORD WAY, SUITE 400<br>MIAMI FL 33126 |
| Address<br>City-State-Zip: | 9800 NW 41ST, SUITE 300<br>MIAMI FL 33178            |   |   |
| Title<br>Name<br>Address   | DIR<br>BROMBERG, ROBERT<br>1110 BRICKELL AVE STE 800 |   |   |
|                            |  |   |   |

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DIRECTOR

02/17/2013 Date

Date

# FILED Feb 17, 2013 Secretary of State CC8270897846

Certificate of Status Desired: No