

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003025

Entity Name: REBUILDING TOGETHER MIAMI - DADE, INC.**Current Principal Place of Business:**1533 SUNSET DRIVE
150
MIAMI, FL 33143**Current Mailing Address:**1533 SUNSET DRIVE
150
MIAMI, FL 33143 US**FEI Number:** 65-0424304**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MILLER, WILLIAM R
1533 SUNSET DRIVE
150
MIAMI, FL 33143 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_____
Date**Officer/Director Detail :**

Title	P
Name	MILLER, WILLIAM R
Address	1533 SUNSET DRIVE STE 150
City-State-Zip:	MIAMI FL 33143

Title	SECRETARY
Name	BROWNING, TODD
Address	5200 GRANT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	ED
Name	FALES, DONNA F
Address	6815 PALLAZZO STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	GALVEZ, ALEX
Address	1825 PONCE DE LEON BLVD 527
City-State-Zip:	MIAMI FL 33134

Title	D
Name	MURPHY, MICHAEL P
Address	COASTAL CONSTRUCTION 14141 69 AVENUE
City-State-Zip:	MIAMI FL 33158

Title	TREASURER
Name	CONTNEY, JACQUELINE
Address	1449 NE 104 STREET
City-State-Zip:	MIAMI SHORES FL 33138

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.

SIGNATURE: DONNA FALES**EXECUTIVE DIRECTOR****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date