
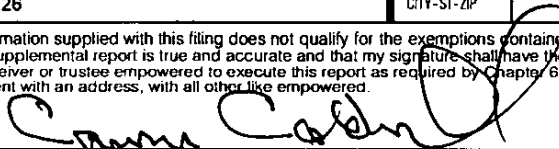


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90038 042 \*\*\*\*70.00

<b>DOCUMENT # 733323</b>					
1. Entity Name CITIZEN'S CRIME WATCH OF MIAMI-DADE COUNTY, INC.					
Principal Place of Business 1515 N. W. 79TH AVENUE MIAMI, FL 33126			Mailing Address 1515 N. W. 79TH AVENUE MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1629766	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, ELLEN 1515 NW 79 AVENUE MIAMI, FL 33126			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELLER, IRVING		NAME		
STREET ADDRESS	7903 EAST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33141		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, ROBERT		NAME		
STREET ADDRESS	9105 N.W. 25TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTE, SAMUEL		NAME		
STREET ADDRESS	P.O. BOX 561775		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 332561775		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARQUES, JOSE DR		NAME		
STREET ADDRESS	2350 SW 126 AVEBUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, ELLEN		NAME		
STREET ADDRESS	1515 N.W. 79 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALDWELL, CARMEN		NAME		
STREET ADDRESS	1515 NW 79TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		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 617, 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: 			Date: 1-6-06		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					