
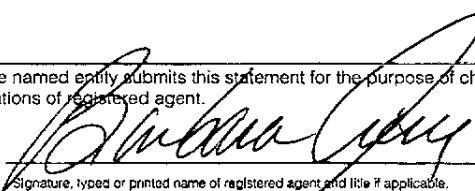



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

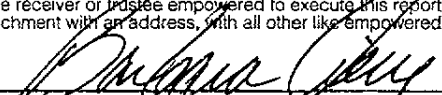
FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 754137			
1. Entity Name DADE COUNTY OVERALL TENANT ADVISORY COUNCIL, INC			
Principal Place of Business 1407 N.W. 7TH STREET MIAMI FL 33127		Mailing Address 1407 N.W. 7TH STREET MIAMI FL 33127	
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 59-2422605		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PIERRE, BARBARA 1407 N.W. 7TH STREET MIAMI FL 33127		7. Name and Address of New Registered Agent	
		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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PIERRE, BARBARA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, BARBARA	NAME	
STREET ADDRESS	1407 NW 72 STREET	STREET ADDRESS	UN00000020185
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	01/29/04-80055-009 70.00
TITLE	STROZIER, DIANA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROZIER, DIANA	NAME	N/A
STREET ADDRESS	1407 NW 72 ST	STREET ADDRESS	N/A
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	N/A
TITLE	CS WILLIAMS, ANGELA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANGELA	NAME	N/A
STREET ADDRESS	1407 NW 72 ST	STREET ADDRESS	N/A
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	N/A
TITLE	RS FRENCH, ANNETTE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, ANNETTE	NAME	N/A
STREET ADDRESS	1407 NW 7 STREET	STREET ADDRESS	N/A
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	N/A
TITLE	MOORE, DON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DON	NAME	N/A
STREET ADDRESS	1407 N.W. 7 ST.	STREET ADDRESS	N/A
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	N/A
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	N/A
STREET ADDRESS		STREET ADDRESS	N/A
CITY-ST-ZIP		CITY-ST-ZIP	N/A



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **01/24/04** **786-317-3882**