

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# 759351

Entity Name: GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.

**Current Principal Place of Business:**

7950 NW 53RD STREET  
SUITE 301  
MIAMI, FL 331667903

**New Principal Place of Business:**

**Current Mailing Address:**

7950 NW 53RD STREET  
SUITE 301  
MIAMI, FL 331667903

**New Mailing Address:**

FEI Number: 59-2124958      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FRASER, SONIA E  
7950 NW 53RD ST  
SUITE 301  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MARGOSHES, STANLEY  
Address: 3305 SW 17TH AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD ( ) Delete  
Name: MANGIERO, DAVID  
Address: 12790 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

Title: STD ( ) Delete  
Name: HARTZ, STEVEN E.M.  
Address: 1801 MICANOPY AVE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID MANGIERO

PD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date