


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 14 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759351
 1. Entity Name
GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.



Principal Place of Business
 7950 NW 53RD STREET
 SUITE 301
 MIAMI, FL 33166-7903

Mailing Address
 7950 NW 53RD STREET
 SUITE 301
 MIAMI, FL 33166-7903

07/17/07 90107 034 \$70.00



2. Principal Place of Business - No P.O. Box #
8300 NW 53 ST

3. Mailing Address
8300 NW 53 ST

07062007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
SUITE 402

City & State
MIAMI, FL

4. FEI Number
59-2124958

Applied For
 Not Applicable

Zip
33166

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANTEIRO, JERRY
 7950 NW 53RD ST
 SUITE 301
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Jerry Santeiro


Street Address (P.O. Box Number is Not Acceptable)
8300 NW 53 ST

Suite 402

City
MIAMI

FL Zip Code
33166

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 **7/6/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	MELENZ, SERGIO	1500 SAN REMO AVE. SUITE 290	CORAL GABLES, FL 33146	<input type="checkbox"/>
PD	MANGIERO, DAVID	12790 S DIXIE HWY	MIAMI, FL 33156	<input checked="" type="checkbox"/>
STD	HARTZ, STEVEN E.M.	1801 MICANOPY AVE	MIAMI, FL 33133	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Mendez, Sergio	1500 San Remo Ave, Suite 290	Coral Gables, FL 33146	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Katherine V. Bernstein, Esq.	700 Brickell Ave 8th Fl.	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Mirtha Guerra Aguirre	P.O. Box 453208	Miami, FL 33245	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	Haydee Orzco	2701 S. Bayshore Dr.	Miami, FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OFFICER	J.S. Brodeur	8300 NW 53 St. Suite 402	Miami, FL 33166	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **7/6/07** DAYTIME PHONE # **305-482-3102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

As per telephone conversation with

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