2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759351

FILED Jan 14, 2009 Secretary of State

Entity Name: GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

8300 NW 53 STREET SUITE 402 MIAMI, FL 33166

New Mailing Address: Current Mailing Address:

8300 NW 53 STREET SUITE 402 MIAMI, FL 33166

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

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

SANTEIRO, JERRY 8300 NW 53 STREET SUITE 402 MIAMI, FL 33166 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MENDEZ, SERGIO OROZCO, HAYDEE Name: Name: 1500 SAN REMO AVE. SUITE 290 Address: 2701 SOUTH BAYSHORE DRIVE Address:

City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33133

Title: () Delete Title: (X) Change () Addition OROZCO, HAYDEE Name: CONSUEGRA, LIZ Name: Address: 2701 S. BAYSHORE DRIVE Address: 1395 BRICKELL AVE City-St-Zip: MIAMI, FL 33133 US City-St-Zip: MIAMI, FL 33131 US

() Delete Title: Title: TR (X) Change () Addition

RABIN, KIP RABIN, KIP Name: Name:

3250 MARY STREET, SUITE 301K 3250 MARY STREET, SUITE 301K Address: Address:

City-St-Zip: MIAMI, FL 33133 US City-St-Zip: MIAMI, FL 33133 US

Title: () Delete Title: SEC (X) Change () Addition GALAN, VICTORIA I Name: Name: GALAN, VICTORIA I

101 WEST FLAGLER STREET Address: Address: 101 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33130 US City-St-Zip: MIAMI, FL 33130 US

Title: () Delete Title: (X) Change () Addition

BRODEUR, JEFF S BRODEUR, JEFF S Name: Name:

8300 NW 53 STREET, SUITE 402 8300 NW 53 STREET, SUITE 402 Address: Address:

MIAMI, FL 33166 US MIAMI, FL 33166 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JERRY SANTEIRO DIR 01/14/2009

Electronic Signature of Signing Officer or Director

Date