

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759351

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.

**Current Principal Place of Business:**

8300 NW 53 STREET  
SUITE 402  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8300 NW 53 STREET  
SUITE 402  
MIAMI, FL 33166 US

**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:**

SANTEIRO, JERRY  
8300 NW 53 STREET  
SUITE 402  
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: PRES  
Name: OROZCO, HAYDEE  
Address: 2701 SOUTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33133

Title: VP  
Name: BERNSTEIN, KATHERINE  
Address: 700 BRICKELL AVE, 8TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: TR  
Name: MANGIERO, DAVID  
Address: 12790 S. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33156 US

Title: SEC  
Name: GALAN, VICTORIA I  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130 US

Title: OF  
Name: BRODEUR, JEFF S  
Address: 8300 NW 53 STREET, SUITE 402  
City-St-Zip: MIAMI, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: JERRY SANTEIRO

EXEC

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date