
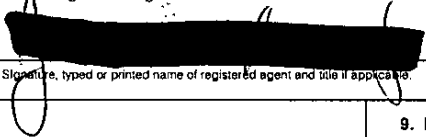
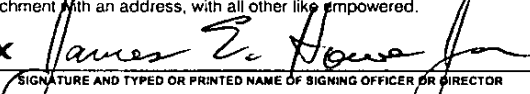


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90024 003 ****70.00

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DOCUMENT # N05000009948					
1. Entity Name THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF GREATER MIAMI, INC.					
Principal Place of Business 150 SE 2ND AVENUE SUITE 411 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVENUE SUITE 411 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
				07032006 Chg-NP CR2E037 (4/06)	
4. FEI Number 20-3534284				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				7. Name and Address of New Registered Agent	
HOWE, JIM 150 SE 2ND AVENUE SUITE 411 MIAMI, FL 33131				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)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, NELSON L M.D.		NAME	MONTOYA, PATRICK	
STREET ADDRESS	100 NW 170TH STREET #304		STREET ADDRESS	255 ARAGON AV	
CITY-ST-ZIP	NORTH MIAMI, FL 33169		CITY-ST-ZIP	CORAL GABLES, FL 33168	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGONES, GEORGINA A		NAME	METELLUS, GEPSIE	
STREET ADDRESS	1203 SANTONA STREET		STREET ADDRESS	74 NW 108 ST	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	MIAMI SHORES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUIRRE, ALEJANDRO J		NAME		
STREET ADDRESS	2900 NW 39TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERMAN, DONALD ESQ.		NAME		
STREET ADDRESS	800 BRICKELL AVENUE #2		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOK, RONALD L		NAME		
STREET ADDRESS	2999 NE 191 STREET #6		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, TERENCE G ESQ.		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. #5300		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331312339		CITY-ST-ZIP		
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: 			07/03/2006		305 755 6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #