


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001788
 1. Entity Name
 THE DADE COUNTY JUVENILE ASSESSMENT CENTER CORPORATION



Principal Place of Business
 275 NW 2ND STREET
 MIAMI, FL 33128

Mailing Address
 275 NW 2ND STREET
 MIAMI, FL 33128

DO NOT WRITE IN THIS SPACE



04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

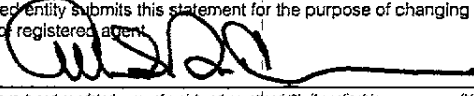
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, ALBERTO
 1441 BRICKELL AVENUE
 15TH FLOOR
 MIAMI, FL 33131

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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: 

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROULHAC, PETER W 200 SOUTH BISCAYNE BLVD. 15 FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCD CARDENAS, ALBERTO 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, DOROTHY 2333 PONCE DE LEON BLVD. PH 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAENZ, RAUL 8180 NW 36TH ST. STE 100 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/13/06-80062-002 61.25

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #