


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 711491 1. Entity Name NORTH DADE CENTER, INC.			
Principal Place of Business 4481 N W 167 ST OPALOCKA, FL 33055-4311		Mailing Address 4481 N W 167 ST OPALOCKA, FL 33055-4311	
DO NOT WRITE IN THIS SPACE		01132004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-1149262 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDMAN, EVELYN 4481 N.W. 167TH ST. OPA LOCKA, FL 33054		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000013164 01/26/04-80043-003 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD FRIEDMAN, EVELYN 3010 MARCOS DR. - R BLDG N. MIAMI BCH., FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD COLEMAN, RUTH 3750 NE 170TH ST. N. MIAMI BCH., FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD JENKIN, BEA 3030 MARLUS DRIVE N. MIAMI BCH., FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD SHANFELD, PAULINE 3750 N.E. 170TH ST N. MIAMI BEACH, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, without other like empowered.			
SIGNATURE: <i>Rhonda S. Shaw</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11-2204 / 305-625-5335 Daytime Phone #	