


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90003 026 ****61.25

DOCUMENT # 731769 1. Entity Name CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC					
Principal Place of Business 251 174TH ST, APT 1704 SUNNY ISLES BEACH FL 33160 US		Mailing Address 251 174TH ST, APT 1704 APT T 1704 SUNNY ISLES BEACH FL 33160 US			
2. Principal Place of Business 251-174TH ST.		3. Mailing Address 251-174TH ST.			
Suite, Apt. #, etc. 214		Suite, Apt. #, etc. 214			
City & State SUNNY ISLES BEACH, FL.		City & State SUNNY ISLES BEACH, FL.		4. FEI Number NO-T APPLICABLE	
Zip 33160		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMSON, DAVID 251 174TH ST, APT 1704 SUNNY ISLES BEACH FL 33160		7. Name and Address of New Registered Agent Name IRVING M. DIAMOND Street Address (P.O. Box Number is Not Acceptable) 251-174TH ST. # 214 City SUNNY ISLES BEACH FL Zip Code 33160			
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 IRVING M. DIAMOND <i>Irving M. Diamond</i> 1/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: 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		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAMOND, I M 251 174TH ST APT 214 SUNNY ISLES FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT P IRVING M. DIAMOND 251-174TH ST. # 214 SUNNY ISLES BEACH FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMSON, DAVID 251 174TH ST, APT 1704 SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR TREASURER VT JOSEPH M. MASTERS 250-174TH ST. # 1117 SUNNY ISLES BEACH FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAMOND, I.M. 251-17 APT 214 AVENTURA FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SECRETARY V.S. GENE SWEET 17360 ATLANTIC AVE SUNNY ISLES BEACH FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWEET, GENE 17360 ATLANTIC AVE SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES LUMBS BEACH V 231-174TH ST # 901 SUNNY ISLES BEACH FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR D IRVING TURKEY 250-174TH ST. # 2309 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.					
SIGNATURE: IRVING M. DIAMOND <i>Irving M. Diamond</i> 1/22/04 305-502-3146 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					