


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 731769 1. Entity Name CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC	
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Principal Place of Business 251 174TH ST 214 SUNNY ISLES BEACH, FL 33160 US	Mailing Address 251 174TH ST 214 SUNNY ISLES BEACH, FL 33160 US
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01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	(Applied For Not Applicable)
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, IRVING M
251 174TH ST
#214
SUNNY ISLES BEACH, FL 33160

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

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	DT
NAME	DIAMOND, I M
STREET ADDRESS	251 174TH ST APT 214
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	VPS
NAME	SWEED, GENE
STREET ADDRESS	17380 ATLANTIC AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	VPT
NAME	MASTERS, JOSEPH
STREET ADDRESS	250 174TH ST #117
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	VP
NAME	WACHBERG, CHARLES
STREET ADDRESS	231 174TH ST #901
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D
NAME	TURETSKY, IRVING
STREET ADDRESS	290 - 174TH STREET, #2309
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80008-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Irving M. Diamond* **IRVING M. DIAMOND** 1/12/06 305.502.3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #