2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744103

Apr 22, 2005 Secretary of State

Entity Name: THE COLLEGE ASSISTANCE PROGRAM (CAP) OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

200 SOUTH BISCAYNE BLVD. SUITE 505

MIAMI, FL 33131

New Mailing Address: Current Mailing Address:

200 SOUTH BISCAYNE BLVD. SUITE 505 MIAMI, FL 33131 US

FEI Number: 59-1855923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DADE COMMUNITY FOUNDATION, INC. 200 SOUTH BISCAYNE BLVD. SUITE 505 MIAMI, FL 33131 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ANZIVINO, JOHN R FRIESNER, JACKIE Name: Name: 2699 S. BAYSHORE DR. Address: 5505 BLUE LAGOON DRIVE Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33126

Title: () Delete Title: (X) Change () Addition

SHOPAY, REBECCA Name: LOPEZ, JORGE Name:

Address: 9600 NW 38TH ST Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 4000

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33131

Title: () Delete Title: DS (X) Change () Addition CANIDA, TERE LOWELL, NATASHA Name: Name:

185 WEST SUNRISE AVENUE Address: 1001 BRICKELL BAY DR, STE 2100 Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33146

(X) Change () Addition Title: () Delete Title: DT WEINTRAUB, TERESA Name: BAKER, IXCHEL M Name:

Address: 482 NW 165TH ST #A405 Address: 100 SE 2ND STREET, SUITE 2300

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33131

Title: DΡ (X) Delete Title: () Change () Addition

LEVASSEUR, DONNA Name: Name: 200 SOUTH BISCAYNE BLVD. Address: Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE FRIESNER DP 04/22/2005