

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744103

FILED
Apr 25, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 US

Current Mailing Address:

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

New Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 US

FEI Number: 65-0082772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DADE COMMUNITY FOUNDATION, INC.
200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 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

04/25/2007

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRIESNER, JACKIE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: DVP () Delete
Name: LOPEZ, JORGE
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 4000
City-St-Zip: MIAMI, FL 33131

Title: DT () Delete
Name: WEINTRAUB, TERESA
Address: 100 SE 2ND STREET, SUITE 2300
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: LOPEZ, JORGE
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 4000
City-St-Zip: MIAMI, FL 331315330

Title: DT (X) Change () Addition
Name: WEINTRAUB, TERESA
Address: 100 SE 2ND STREET, SUITE 2300
City-St-Zip: MIAMI, FL 331315330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RUTH SHACK

Electronic Signature of Signing Officer or Director

P

04/25/2007

Date