2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 744103

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 331315330 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0082772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: VILARELLO, JOSE
Address: 1200 ANASTASIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DVP ( ) Delete
Name: LOPEZ, JORGE
Address: 131 MADEIRA AVENUE, PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DT ( ) Delete
Name: WEINTRAUB, TERESA
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 3050
City-St-Zip: MIAMI, FL 33131 US

Title: DS ( ) Delete
Name: KALLERGIS, WENDY
Address: 1920 MERIDIAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: LOWELL, NATASHA
Address: 185 WEST SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DT (X) Change ( ) Addition
Name: MARTINEZ, XAVIER
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 3050
City-St-Zip: MIAMI, FL 33131 US

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

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 P 05/04/2009

Electronic Signature of Signing Officer or Director — Date