

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744103

FILED  
Apr 28, 2010  
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 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)**

**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  
Name: VILARELLO, JOSE  
Address: 5805 BLUE LAGOON DRIVE SUITE # 310  
City-St-Zip: MIAMI, FL 33126 US

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

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

Title: DS  
Name: MERCEDES, PONCE  
Address: 11200 SW 8TH STREET PC112D  
City-St-Zip: MIAMI, FL 33199 US

I hereby 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 all other like empowered.

SIGNATURE: TODD WEEKS

CFO

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date