## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#744103** 

FILED Apr 19, 2011 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 331315330 US

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

DADE COMMUNITY FOUNDATION, INC.

200 SOUTH BISCAYNE BLVD.

SUITE 505

MIAMI, FL 331315330 US

THE MIAMI FOUNDATION
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: JAVIER ALBERTO SOTO 04/19/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: 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: JAVIER ALBERTO SOTO CEO 04/19/2011