2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763386

Entity Name: CRIME STOPPERS OF MIAMI-DADE COUNTY, INC.

FILED Jan 05, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1030 NW 111 AVE. MIAMI, FL 33172						
Current Mailing Address:				New Mailing Address:		
1030 NW 111 AVE. MIAMI, FL 33172						
FEI Number: 59-2214818 FEI Number Applied For () FEI Number			FEI Num	nber Not Appl	licable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SWAN, EDWARD P 2701 LEJEUNE ROAD SUITE 340, CITY NATIONAL BANK BUILDING CORAL GABLES, FL 33134 US				ITURRIOZ, 1030 NW 1 MIAMI, FL	Í11 AVE	
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: TED ITURRIOZ					01/05/2004	
	Electron	ic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SULLIVAN, JAC 1030 NW 111 A MIAMI, FL 331	VE.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () SWAN, EDWAR 2701 LEJEUNE CORAL GABLE	RD #340		Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition ITURRIOZ, TED 1030 NW 111 AVE MIAMI, FL 33172	
Title: Name: Address: City-St-Zip:	D () SUTHERLAND, 3114 MARY ST COCONUT GRO			Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SUTHERLAND, MIMI 3114 MARY ST COCONUT GROVE, FL 33133	
Title: Name: Address: City-St-Zip:	SD () AUSTIN, TAMM' 250 NE 104 ST MIAMI SHORES			Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition THORNBURG, PATRICIA J 1030 NW 111 AVE MIAMI, FL 33172	
Title: Name: Address: City-St-Zip:	VPD () ITURRIZO, TED 12825 SW 72 T MIAMI, FL 331	ERR.		Title: Name: Address: City-St-Zip:	TRES (X) Change () Addition MORRIS, EDWARD 1030 NW 111 AVE MIAMI, FL 33172	
Title: Name: Address: City-St-Zip:	D () POORMAN, JOI 25 WEST FLAG	LER STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JACK SULLIVAN EXED 01/05/2004