## 2007'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N00000002239**

1. Entity Name

FRESH START OF MIAMI-DADE, INC.



Principal Place of Business

18075 NW 27TH AVENUE MIAMI, FL 33056

Mailing Address

18075 NW 27TH AVENUE MIAMI, FL 33056

FILED May 18, 2007 8:00 am Secretary of State

05-18-2007 90023 019 \*\*\*\*87.50

QULLU"



05052007 No Chg-NP

CR2E037 (4/06)

	65-0996924		Not Applicable
4.	FEI Number	$\vdash$	<del>  ''                                  </del>
	EEL Niverbook	T	Applied For

Certificate of Status Desired

匆

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCQUEEN, SANDRA 3613 LARGO DR. MIRAMAR, FL 33023

## DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent and titl	le it applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE		
Filing Fee is \$61.25  Due by September 14, 2007  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	ECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TD MCCARTNEY, SANDRA 18075 NW 27TH AVENUE MIAMI, FL: 33056						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNDTREE, SARAH 18075 NW 27TH AVENUE MIAMI, FL 33056						
TITLE NAME STREET ADDRESS CFTY-ST-ZIP	D GRANT, ZERONIE N 18075 NW 27TH AVENUE MIAMI, FL 33138		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEROME, EDDY P 9800 DUNHILL DRIVE MIRAMAR, FL 33025			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCQUEEN-BAKER, SANDRA 18075 NW 27TH AVENUE MIAMI, FL 33056						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 11 if changed, or on an attachment with an address, with all other like empowered.							