2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90038 035 ****61.25

DOCUMENT # N00000004407

1. Entity Name

CHILDREN'S CRIME PREVENTION ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
8051 NW 36 ST., STE 622 MIAMI FL 33166	PO BOX 650908 MIAMI FL 33265-0908

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
8009 NW 36 ST	P.O. Box 650908
Suite, Apt. #, etc.: # 232.	Suite, Apt. #, etc.
City & State: MIA, FLORIDA	City & State: MIAMI, FL
Zip: 33166. Country: U.S.A.	Zip: 33265 Country: USA.

4. FEI Number: 65-1026065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAUBAR, ENEIDA
8051 NW 36 ST., STE 622
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: ENEIDA DAUBAR.
Street Address (P.O. Box Number is Not Acceptable): 8009 NW 36 ST # 232.
City: MIAMI, FL Zip Code: 33166.

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: ENEIDA DAUBAR Eneida Daubar. 2-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUBAR, ENEIDA 10391 SW 150 CT., #10105 MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUBAR, HECTOR 8051 NW 36 ST., STE 622 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORGES, DIANA 8051 NW 36 ST., STE 622 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, GUADALUPE 805 NW 36 ST #622 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eneida Daubar. 2/4/2004 305-594-3802.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #