2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# N00000004407

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

Current Principal Place of Business:

8001 N.W. 36 STREET
104
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 650908
MIAMI, FL 33265

New Mailing Address:

FEI Number: 65-1026065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAUBAR, ENEIDA
8001 N.W. 36 STREET
104
DORAL, FL 33166 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:	D	( ) Delete
Name:	DAUBAR, ENEIDA	
Address:	10391 SW 150 CT., #10105	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	DAUBAR, HECTOR	
Address:	8051 NW 36 ST., STE 622	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	BORGES-DIAZ, FURY	
Address:	8001 NW 36ST #104	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	GONZALEZ, GUADALUPE	
Address:	805 NW 36 ST #622	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	DIAZ, ALEIDA S	
Address:	8001 NW 36 ST #104	
City-St-Zip:	MIAMI, FL 33166	
Title:	C	( ) Delete
Name:	RENEZ, GUILLERMO JR	
Address:	8001 NW 36 ST #104	
City-St-Zip:	MIAMI, FL 33166	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ENEIDA DAUBAR DIR 03/18/2007

Electronic Signature of Signing Officer or Director — Date