


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90229 004 ****61.25

| | |
|--|---|
| DOCUMENT # N00000004695 |  |
| 1. Entity Name CONCERNED CITIZENS OF CENTRAL DADE, INC. | |

| | |
|--|--|
| Principal Place of Business 8862 SW 4TH LANE MIAMI, FL 33174 | Mailing Address 8862 SW 4TH LANE MIAMI, FL 33174 |
|--|--|

24070440



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04302004 Chg-NP CR2E037 (10/03)

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 65-1048824 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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

| |
|---|
| 6. Name and Address of Current Registered Agent |
| ALVAREZ, NICOLAS F 8862 SW 4TH LANE MIAMI, FL 33174 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing 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 | |
|----------------------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ALVAREZ, JOSE |
| STREET ADDRESS | 12837 SW 67 TERR. |
| CITY - ST - ZIP | MIAMI, FL 33183 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ALVAREZ, NICOLAS |
| STREET ADDRESS | 8862 SW 4 LANE |
| CITY - ST - ZIP | MIAMI, FL 33174 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | CABALLERO, ALFREDO |
| STREET ADDRESS | 618 SW 87 PLACE |
| CITY - ST - ZIP | MIAMI, FL 33174 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | VALENCIA, GUILLERMO |
| STREET ADDRESS | 403 SW 89 PLACE |
| CITY - ST - ZIP | MIAMI, FL 33174 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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: Nicolas F. Alvarez 4/29/04 305-551-2761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #