

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004695

FILED
Apr 30, 2005
Secretary of State

Entity Name: CONCERNED CITIZENS OF CENTRAL DADE, INC.

Current Principal Place of Business:

8862 SW 4TH LANE
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

8862 SW 4TH LANE
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-1048824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, NICOLAS F
8862 SW 4TH LANE
MIAMI, FL 33174 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: ALVAREZ, JOSE
Address: 12837 SW 67 TERR.
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: ALVAREZ, NICOLAS
Address: 8862 SW 4 LANE
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: VALENCIA, GUILLERMO
Address: 403 SW 89 PLACE
City-St-Zip: MIAMI, FL 33174

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:

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: NICOLAS F. ALVAREZ

DIRE

04/30/2005

Electronic Signature of Signing Officer or Director

Date