

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005047

FILED
Jul 13, 2006
Secretary of State

Entity Name: MIRAMAR COMMUNITY FAMILY RESOURCES CENTER, INC.

Current Principal Place of Business:

7984 MIRAMAR PKWY
MIRAMAR, FL 330235878

New Principal Place of Business:

Current Mailing Address:

7984 MIRAMAR PKWY
MIRAMAR, FL 330235878

New Mailing Address:

FEI Number: 65-1121105 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMNATH, RAJENDRANATH
15221 SW 46TH COURT
MIRAMAR, FL 33027 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: DP () Delete
Name: RAMNATH, RAJENDRANATH
Address: 15221 SW 46TH COURT
City-St-Zip: MIRAMAR, FL 330275878

Title: DV () Delete
Name: ALLENDE, MIRLANDE
Address: 1219 NE 145TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: DS () Delete
Name: NEISH, SILVIA
Address: 8760 N. BERUDA DRIVE
City-St-Zip: MIRAMA R, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: REGISTRE, MIRLANDE
Address: 6749 SW 27TH COURT
City-St-Zip: MIRAMAR, FL 33023

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: SILVIA NEISH

DS

07/13/2006

Electronic Signature of Signing Officer or Director

Date