

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004839

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** COMMUNITY TECHNOLOGICAL INSTITUTE OF MIAMI, INC.

**Current Principal Place of Business:**

2125 BISCAYNE BLVD  
300  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

2125 BISCAYNE BLVD  
300  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 75-3073372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, CALIXTO PHD  
2125 BISCAYNE BLVD  
300  
MIAMI, FL 33137 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: PD ( ) Delete  
Name: JORDAN, EVELYN  
Address: 2125 BISCAYNE BLVD. #300  
City-St-Zip: MIAMI, FL 33137 US

Title: VD ( ) Delete  
Name: OLIVA, MARIA C  
Address: 395 NW 1ST ST. SUITE 207  
City-St-Zip: MIAMI, FL 33128 US

Title: SD ( ) Delete  
Name: MCCABE, FRANCES SISTER  
Address: 7525 NW 2ND AVE.  
City-St-Zip: MIAMI, FL 33150 US

Title: TD ( ) Delete  
Name: SUAREZ-PORRO, ANTONIA  
Address: 9322 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JORDAN, EVELYN  
Address: 395 NW 1ST ST. SUITE 207  
City-St-Zip: MIAMI, FL 33128 US

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

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

Title: TD (X) Change ( ) Addition  
Name: ROGES, DOMINGO J  
Address: 10366 SW 9 TERRACE  
City-St-Zip: MIAMI, FL 33174 US

Title: D ( ) Change (X) Addition  
Name: GONZALEZ, MIGUEL A  
Address: 3650 SOUTHWEST 8TH STREET  
City-St-Zip: MIAMI, FL 33135 US

Title: D ( ) Change (X) Addition  
Name: LURIE, DORIE  
Address: 9443 ABBOTT AVE  
City-St-Zip: SURFSIDE, FL 33154

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: EVELYN JORDAN

PD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date