

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004839

FILED
Apr 23, 2008
Secretary of State

Entity Name: COMMUNITY TECHNOLOGICAL INSTITUTE OF MIAMI, INC.

Current Principal Place of Business:

822 SW 8TH ST.
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

822 SW 8TH ST.
MIAMI, FL 33130

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: 395 NW 1ST ST. SUITE 207
City-St-Zip: MIAMI, FL 33128 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 (X) Delete
Name: GONZALEZ, MIGUEL A
Address: 3650 SOUTHWEST 8TH STREET
City-St-Zip: MIAMI, FL 33135 US

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

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

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 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: EVELYN JORDAN

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date