


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008565	
1. Entity Name MIAMI DADE COMMUNITY SERVICES, INC.	

Principal Place of Business 1901 SW FIRST STREET SECOND FLOOR MIAMI, FL 33135	Mailing Address 1901 SW FIRST STREET SECOND FLOOR MIAMI, FL 33135
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01242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 82-0583109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROIG, JOSE M
1901 SW FIRST STREET SECOND FLOOR
MIAMI, FL 33135

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROIG, JOSE M 1901 SW FIRST STREET SECOND FLOOR MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOSA, YOLANDA 1340 LINCOLN ROAD #403 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALFONSO, ARGELIO 5425 SW 111TH AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80003-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JOSE M. ROIG** **1/25/05 (305) 631-8933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #