


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 19, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 1901 SW FIRST STREET SECOND FLOOR 1901 SW FIRST STREET SECOND FLOOR
 MIAMI, FL 33135 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 82-0583109	Applied For 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 NW 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

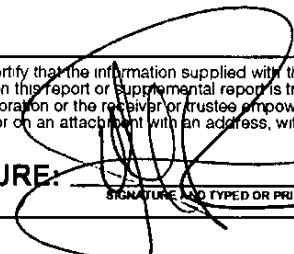
9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROIG, JOSE M 1901 SW FIRST STREET SECOND FLOOR MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOSA, YOLANDA 1340 LINCOLN RD #403 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALFONSO, ROGELIO 5425 SW 11 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/01/07-80033-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. 2-15-07 (786) 877-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #