


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N02462 |  |
| 1. Entity Name DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIES, INC. | |

| | |
|---|---|
| Principal Place of Business 8000 NW 21 STREET, SUITE 222 MIAMI, FL 33122-1605 | Mailing Address 8000 NW 21 STREET, SUITE 222 SUITE 222 MIAMI, FL 33122-1605 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0056215 | 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 HILLS, STANLEY 8000 NW 21 ST SUITE 222 MIAMI, FL 33122 |
|--|

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HILLS, STAN 8000 NW 21 STREET SUITE 222 MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CRUZ, AL 8000 NW 21 STREET SUITE 222 MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RAINEY, GARY 8000 NW 21 STREET SUITE 222 MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP THOMSON, MICHAEL 8000 NW 21 ST STE 222 MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DEL CUETO, JOAQUIN 8000 NW 21ST, STE 222 MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000588516
 01/17/07-80076-016 61.25

DO NOT WRITE IN THIS SPACE

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: Joaquin del Cueto 1/11/07 305-693-6100

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