


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N02462**

1. Entity Name  
**DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIES, INC.**



Principal Place of Business <b>8000 NW 21 STREET, SUITE 222          MIAMI, FL 33122-1605</b>	Mailing Address <b>8000 NW 21 STREET, SUITE 222          SUITE 222          MIAMI, FL 33122-1605 US</b>
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0056215</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HILLS, STANLEY  
 8000 NW 21 ST  
 SUITE 222  
 MIAMI, FL 33122**

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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, 2008**

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 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	

U00000829532  
 02/26/08-80044-016 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_