

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003623

1. Entity Name
**CONCERNED PARENTS SUPPORTING DREAMER 2010,
INC.**



Principal Place of Business
**3500 NW 188 STREET
MIAMI, FL 33056**

Mailing Address
**3500 NW 188 STREET
MIAMI, FL 33056**

DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UPTGROW, CRAIG
3500 NW 188 STREET
MIAMI, FL 33056**

**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 _____

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 September 6, 2006**

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
**D
CANDELARIO, YLONKA
3586 N.W. 41 ST.
MIAMI, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLOYD, PATRICIA
9325 N.W. 14TH AVE.
MIAMI, FL 33147**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MONK, GREGORY
2501 N.W. 121 ST.
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NOTTAGE, TANETRIC
5946 N.W. 18TH AVE.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROWN, ANGELA
2931 NW 61 ST.
MIAMI, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, MARY
3028 N.W. 64TH ST.
MIAMI, FL 33142**

U000000574201
08/14/06-80003-002 70.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/2006

Date

Daytime Phone # _____