


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

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000007022</b>	
<b>1. Entity Name</b> D & J COMMUNITY OUTREACH OF COCONUT GROVE INC.	

<b>Principal Place of Business</b> 14132 SW 110 AVE MIAMI, FL 33176	<b>Mailing Address</b> 14132 SW 110 AVE MIAMI, FL 33176
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<b>DO NOT WRITE IN THIS SPACE</b>
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02262008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 02-0156159	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WASHINGTON, DOROTHY 14132 SW 110 AVE MIAMI, FL 33176
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D WASHINGTON, DOROTHY 14132 SW 110 AVE MIAMI, FL 33176
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D WASHINGTON, JOE L 14132 SW 110 AVE MIAMI, FL 33176
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D COLLIER, ELLA 156 FROW AVE COCONUT GROVE, FL 33133
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S ROGERS, VIRGINIA 18650 SW 127TH CT MIAMI, FL 33177
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

<p>U000000850003 03/21/08-80043-009 140.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b> 	<b>3/2/08</b>	<b>305.251.5131</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>