


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000001010 1. Entity Name CONCERNED CITIZENS OF BROWARD, INC.																			
Principal Place of Business 2601 S BAYSHORE DR STE 1600 MIAMI FL 33133		Mailing Address 2601 S BAYSHORE DR STE 1600 MIAMI FL 33133																	
2. Principal Place of Business 2525 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134		3. Mailing Address 2525 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134																	
4. FEI Number 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 GUERRA, PHILIP 2601 S BAYSHORE DR STE 1600 MIAMI FL 33133		7. Name and Address of New Registered Agent Name Philip Guerra Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce De Leon Blvd Suite 400 City Coral Gables FL Zip Code 33134																	
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 <u><i>Philip Guerra</i></u> , Philip Guerra <u>1/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
Make Check Payable to Florida Department of State																			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Henry N. Adorno</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/27/05</u> 305-460-1012 <small>Date Daytime Phone #</small>																	

FAX

To: Tyrone Scott
Fax: 18502456017

Date: Mon, 14 Feb 2005 17:06:30 -
0500

From: Margee Ryder

of Pages: 1

Ref #: 009900.0007

Comments:

Mr. Scott:

I apologize for the omission of the tax identification numbers for the three Concerned Citizens entities. They are as follows:

Concerned Citizens of Miami-Dade, Inc. - 20-0655254

Concerned Citizens of Broward, Inc. - 20-0655215

Concerned Citizens of Palm Beach, Inc. 20-0655165

If you need any additional information, please call me at my direct number 305.460.1162

Adorno & Yoss LLP
2525 Ponce de Leon Boulevard
Suite 400
Miami, Florida 33134

(305) 460-1000

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