## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # N04000006610 07-13-2006 90022 046 \*\*\*\*70.00 CBG OF MIAMI-DADE COUNTY AND VICINITY, INC. Principal Place of Business Mailing Address 6001 NW 8TH AVENUE 6001 NW 8TH AVENUE MIAMI, FL 33127 US MIAMI, FL 33127 US 07052006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1348951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIS, JOAQUIN DR. DO NOT WRITE 6001 NW 8TH AVENUE MIAMI, FL 33127 ... 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) 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WILLIS, JOAQUIN DR. STREET ADORESS 6001 NW 8TH AVENUE CITY-ST-ZIP MIAMI, FL 33127 TITLE VP D SMITH, GASTON STREET ADDRESS **740 NW 58 STREET** CITY-ST-ZIP MIAMI, FL 33127 TITLE D, S NAME RICHARDSON, WALTER T DR. STREET ADDRESS 17201 SW 103 AVENUE -DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33157 TITLE IN THIS SPACE HOLTS, RANDALL STREET ADDRESS 1881 NW 103 STREET CITY-ST-ZIP MIAMI, FL 33147 T. D **BROWN, JIMMIE** STREET ADDRESS 2001 NW 35 STREET CITY-ST-ZIP MIAMI, FL 33142

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

\_\_\_\_\_

<u>5,2006</u>

FILED

Jul 13, 2006 8:00 am

305-7590373