2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006610

FILED Jul 11, 2008 Secretary of State

Entity Name: CBG OF MIAMI-DADE COUNTY AND VICINITY, INC.

• • • • • • • • • • • • • • • • • • • •	Principal Place of Business:	New Principal Place of Business:
6001 NW MIAMI, FL	8TH AVENUE . 33127 US	
Current N	Nailing Address:	New Mailing Address:
6001 NW MIAMI, FL	8TH AVENUE . 33127 US	
n accordar	r: 20-1348951 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation d Address of Current Registered Age	n did not receive the prior notice.
Name and	a Address of Current Registered Age	nit. Name and Address of New Registered Agent.
	OAQUIN DR. 8TH AVENUE . 33127 US	
	e named entity submits this statement fo e of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registere	ed Agent Date
		ed Agent Bate
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Fitle: Name: Address:	D, P () Delete WILLIS, JOAQUIN DR. 6001 NW 8TH AVENUE MIAMI, FL 33127	· ·
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D, P () Delete WILLIS, JOAQUIN DR. 6001 NW 8TH AVENUE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D, P () Delete WILLIS, JOAQUIN DR. 6001 NW 8TH AVENUE MIAMI, FL 33127 VP D () Delete SMITH, GASTON 740 NW 58 STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address:	D, P () Delete WILLIS, JOAQUIN DR. 6001 NW 8TH AVENUE MIAMI, FL 33127 VP D () Delete SMITH, GASTON 740 NW 58 STREET MIAMI, FL 33127 D, S () Delete RICHARDSON, WALTER T DR. 17201 SW 103 AVENUE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN WILLIS D. P 07/11/2008