2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# N04525

Entity Name: THE CHILD ASSAULT PREVENTION (CAP) PROJECT OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6080 S.W. 40 STREET
SUITE 3
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

6080 S.W. 40 STREET
SUITE 3
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 59-2450696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, MELISSA
471 S.W. 18 TERRACE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RODRIGUEZ-TORRES, GULY
Address: 13911 S.W. 103RD AVENUE
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: GONZALES-VALLINA, RUBEN DR.
Address: 2 DE LEON DRIVE
City-St-Zip: MIAMI, FL 33122

Title: VD ( ) Delete
Name: BLYNN, ESTHER ESQ
Address: 776 NE 125TH ST.
City-St-Zip: MIAMI, FL 33161

Title: SD ( ) Delete
Name: GRANADO-VILLAR, DEISE DR.
Address: 3000 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: RZIMON, PEORO C DR.
Address: 9360 SW 72ND ST STE 225
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change ( ) Addition
Name: MARTIN, MELISSA MS.
Address: 471 S.W. 18 TERRACE
City-St-Zip: MIAMI, FL 33129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CASTRO, ANTONIO DR.
Address: 13800 SW 8TH ST.
City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELISSA MARTIN ED 02/25/2005

Electronic Signature of Signing Officer or Director — Date