

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90403 023 ****61.25

DOCUMENT # N04525

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste. # 10

Suite, Apt. #, etc.

Ste. # 10

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2450696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RODRIGUEZ-TORRES, GULY
STREET ADDRESS 13911 S.W. 103RD AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ED ☐ Delete
NAME MARTIN, MELISSA MS.
STREET ADDRESS 471 S.W. 18 TERRACE
CITY-ST-ZIP MIAMI FL 33129

TITLE VD ☐ Delete
NAME BLYNN, ESTHER ESQ
STREET ADDRESS 776 NE 125TH ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE SD ☐ Delete
NAME GRANADO-VILLAR, DEISE DR.
STREET ADDRESS 3000 SW 62ND AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE T ☐ Delete
NAME CASTRO, ANTONIO DR.
STREET ADDRESS 13800 SW 8TH ST.
CITY-ST-ZIP MIAMI FL 33184

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 305
377-2277

Date Daytime Phone #