

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04525

FILED  
Aug 12, 2008  
Secretary of State

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

**Current Principal Place of Business:**

6080 S.W. 40 STREET  
SUITE 10  
MIAMI, FL 33155 US

**New Principal Place of Business:**

3400 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145 US

**Current Mailing Address:**

6080 S.W. 40 STREET  
SUITE 10  
MIAMI, FL 33155 US

**New Mailing Address:**

3400 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145 US

**FEI Number:** 59-2450696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: ED ( ) Delete  
Name: MARTIN, MELISSA MS.  
Address: 471 S.W. 18 TERRACE  
City-St-Zip: MIAMI, FL 33129

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CAPTO, MAYRA D  
Address: 15495 EAGLE NEST LANE # 120  
City-St-Zip: HIALEAH, FL 33014

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

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

Title: SD (X) Change ( ) Addition  
Name: FLORIN, MIRITA DR.  
Address: 1541 BRICKELL AVENUE # 303  
City-St-Zip: MIAMI, FL 33129

Title: T (X) Change ( ) Addition  
Name: CASTRO, ANTONIO DR.  
Address: 453 BLUE ROAD  
City-St-Zip: MIAMI, FL 33146

Title: T ( ) Change (X) Addition  
Name: AWUAPARA, OLGA  
Address: 438 GERONA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

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: MELISSA S. MARTIN

ED

08/12/2008

Electronic Signature of Signing Officer or Director

Date