2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N04525

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

Current Principal Place of Business:

3400 CORAL WAY
5TH FLOOR
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3400 CORAL WAY
5TH FLOOR
MIAMI, FL 33145 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:	CAPTO, MAYRA D	
Address:	15495 EAGLE NEST LANE # 120	
City-St-Zip:	HIALEAH, FL 33014	
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:	FLORIN, MIRITA DR.	
Address:	1541 BRICKELL AVENUE # 303	
City-St-Zip:	MIAMI, FL 33129	
Title:	T	( ) Delete
Name:	CASTRO, ANTONIO DR.	
Address:	453 BLUE ROAD	
City-St-Zip:	MIAMI, FL 33146	
Title:	T	( ) Delete
Name:	AWUAPARA, OLGA	
Address:	438 GERONA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33146	

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:	
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: MELISSA MARTIN ED 03/24/2009

Electronic Signature of Signing Officer or Director — Date