## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000004665

MIAMI, FL 33144

City-St-Zip:

FILED Sep 16, 2009 Secretary of State

Entity Nai	me: COMPASSIONATE LEADERSHIP FOU	NDATION OF MIAMI-DADE COLLEGE, INC.		
Current Principal Place of Business:		New Principal Place of Business:		
MIAMI DADE COLLEGE,ROOM 3506-24 300 N.E. 2ND AVENUE MIAMI, FL 33132		5041 NW 93RD DORAL CIRCLE E DORAL, FL 33178		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	DE COLLEGE,ROOM 3506-24 ND AVENUE 33132	5041 N.W. 93RD DORAL CIRCLE E.24 DORAL, FL 33178		
In accordan	: 26-3159179 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status t receive the prior notice.  Name and Address of New Registered A	,	
ivallie allu	Address of Current Registered Agent.	Name and Address of New Registered A	gent.	
PORRO, ALFRED A JR 519 SW 79TH AVENUE MIAMI, FL 33144 US		SOTO, DIEGO 17670 NW 78 AVENUE SUITE 208 MIAMI, FL 33015 US	17670 NW 78 AVENUE SUITE 208	
	named entity submits this statement for the $\mathfrak p$ e of Florida.	urpose of changing its registered office or registered	agent, or both,	
SIGNATURE: DIEGO SOTO		09/16/2009		
	Electronic Signature of Registered Age	nt Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete TORRES, JAVIER 5041 NW 93 DORAL CIR.E. MIAMI, FL 33178	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D ( ) Delete CUEVAS, J. DANIXIA 300 NE 2ND AVE.,RM.3505-24 MIAMI, FL 33132	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address:	D () Delete PORRO, ALFRED A JR 519 SW 79TH AVENUE	Title: ( ) Change ( ) Addition Name: Address:		

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.

City-St-Zip:

SIGNATURE: JAVIER TORRES 09/16/2009 D