

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20419

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: NORTHEAST DADE COALITION INC.

## Current Principal Place of Business:

21155 HELMSMAN DR #M14  
AVENTURA, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 800417  
AVENTURA, FL 332800417

## New Mailing Address:

FEI Number: 65-0732330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIBERT, PAUL  
21155 HELMSMAN DR #M14  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

ROGERS, PATRICIA  
21155 HELMSMAN DR #M14  
AVENTURA, FL 33180 US

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: PATRICIA ROGERS

03/08/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LIBERT, PAUL  
Address: 21155 HELMSMAN DRIVE  
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete  
Name: WOLF, ROBERT DR  
Address: 5338 NE 199 LANE  
City-St-Zip: MIAMI, FL 33179

Title: STD ( ) Delete  
Name: BESKIN, JAY  
Address: 3530 MYSTIC POINTE DR APT 311  
City-St-Zip: AVENTURA, FL 33180

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: BESKIN, JAY  
Address: 3530 MYSTIC POINTE DR APT 311  
City-St-Zip: AVENTURA, FL 33180

Title: SD ( ) Change (X) Addition  
Name: ROGERS, PATRICIA  
Address: 21155 HELMSMAN DR M14  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA ROGERS

SD

03/08/2006

Electronic Signature of Signing Officer or Director

Date