


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N21358 1. Entity Name COMMUNITY ALLIANCE AGAINST AIDS, INC.	
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Principal Place of Business 720 NE 69 ST 15 W MIAMI FL 33138 US	Mailing Address 720 NE 69 ST 15 W MIAMI FL 33138 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2831212	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FINCHER, JANE 720 NE 69 ST 15 W MIAMI FL 33138	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

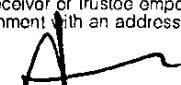
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD FINCHER, JANE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000633414 02/21/07-80059-025 70.00
NAME	FINCHER, JANE	NAME	
STREET ADDRESS	720 NE 69 ST #15W	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33138	CITY-STATE-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	PD MALE, JUDI	TITLE	
NAME	MALE, JUDI	NAME	
STREET ADDRESS	3511 BAYSHORE VILLAS DR	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33133	CITY-STATE-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	VD LEON, MARIO	TITLE	
NAME	LEON, MARIO	NAME	
STREET ADDRESS	720 NE 69 ST	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33138	CITY-STATE-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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:  **JANE L. FINCHER, TD.** 2/17/07 305 582 4041