


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N21358	
1. Entity Name COMMUNITY ALLIANCE AGAINST AIDS, INC.	

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
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2831212	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FINCHER, JANE
720 NE 69 ST
15 W
MIAMI, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000864865
04/07/08-80004-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINCHER, JANE 720 NE 69 ST #15W MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALE, JUDI 3511 BAYSHORE VILLAS DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, MARIO 720 NE 69 ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Fincher* **Jane Fincher** **3/14/08** **305 860 2683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #