


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N23897</b>	
1. Entity Name <b>ALLAPATTAH-WYNWOOD COMMUNITY AND DEVELOPMENT CENTER, INC.</b>	

Principal Place of Business <b>1500 NW 16TH AVE. MIAMI, FL 33125 US</b>	Mailing Address <b>1500 NW 16TH AVE. MIAMI, FL 33125 US</b>
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0129019</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FONSECA, HERBERT S. SR. 604 S.W. 64TH AVE MIAMI, FL 33144</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1000000132519</b> <b>04/27/04 00551 002 73.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONSECA, HERBERT S SR 1500 NW 16TH AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENA, MARIA 1500 NW 16TH AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIFUENTES, CARLOS 1500 NW 16TH AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> <u>Herbert S Fonseca Sr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>04/22/04</u> <small>Date</small>	<u>305 547-1382</u> <small>Daytime Phone #</small>
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