


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N30400
 1. Entity Name
 CITIZENS FOR A BETTER SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
 2025 SW 32ND AVE 2025 SW 32ND AVE
 MIAMI, FL 33145 US MIAMI, FL 33145 US

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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0114889 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILIAN, ARSENIO
 2025 SW 32 AVE
 MIAMI, FL 33145

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILIAN, ARSENIO 2025 SW 32 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARDO, GEORGINA 244 BISCAYNE BOULEVARD MIAMI, FL 32122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD ESPINO, MARIA D 501 BRICKELL KEY DR., STE. 502 MIAMI, FL 331312405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, DEBORAH 2025 S.W. 32ND AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, GILBERT 2025 SW 32 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80089-006 70.00

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 817, 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 employees.

SIGNATURE: Arsenio Milian 1/05/05 305-441-0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #