

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2006
Secretary of State**

DOCUMENT# N30400

Entity Name: CITIZENS FOR A BETTER SOUTH FLORIDA, INC.

Current Principal Place of Business:

2025 SW 32ND AVE
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

2025 SW 32ND AVE
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0114889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILIAN, ARSENIO
2025 SW 32 AVE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILIAN, ARSENIO,
Address: 2025 SW 32 AVE
City-St-Zip: MIAMI, FL

Title: VPD () Delete
Name: PARDO, GEORGINA
Address: 244 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 32122

Title: ATD () Delete
Name: ESPINO, MARIA D
Address: 501 BRICKELL KEY DR., STE. 502
City-St-Zip: MIAMI, FL 331312405

Title: D () Delete
Name: SWAIN, DEBORAH
Address: 2025 S.W. 32ND AVENUE
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: BETZ, GILBERT
Address: 2025 SW 32 AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ARSENIO MILIAN

PD

01/04/2006

Electronic Signature of Signing Officer or Director

Date