


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N46476

1. Entity Name
MIAMI DADE COMMUNITY MENTAL HEALTH CENTER, INC.



Principal Place of Business 7815 CORAL WAY #107 MIAMI, FL 33155 US	Mailing Address 7815 CORAL WAY #107 MIAMI, FL 33155 US
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03142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3100307	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VASQUEZ, CARMEN
 7815 CORAL WAY
 SUITE #107
 MIAMI, FL 33155**

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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 re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

U00000107072
 04/08/04-80042-011 661.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD VAZQUEZ, CARMEN 7815 CORAL WAY #107 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZQUEZ, REYSELDA 7815 CORAL WAY #107 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NERELDA, SECADES 7815 CORAL WAY #107 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carmen Vasquez* *Carmen Vasquez* *4/14* *(305) 261-2010*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #