

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90026 022 ****70.00

DOCUMENT # N92000000556					
1. Entity Name THE CHILDREN'S CULTURAL COALITION OF DADE COUNTY, INC.					
Principal Place of Business 777 17TH STREET, #402 MIAMI BEACH, FL 33139			Mailing Address P.O. BOX 403336 MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0397264	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANN, WILLIAM 6930 AVE VENDOME, #10 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name <u>LAURA BRUNEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>777 17 STREET #402</u> City <u>MIAMI BEACH</u> <u>FL</u> Zip Code <u>33139</u>		
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 <u><i>Laura Bruney</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>LAURA BRUNEY</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1-26-05</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P NEARY, GEORGE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	701 BRICKELL AVE., STE. 2700		NAME		
STREET ADDRESS	MIAMI, FL 33131		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T PARRY, JUDE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	345 W 37TH ST		NAME		
STREET ADDRESS	MIAMI BEACH, FL 33140		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SPIEGELMAN, DEBBIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	701 ARENA BLVD		NAME		
STREET ADDRESS	MIAMI, FL 33136		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D EISENSTEIN, EDYTHE <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3601 S MIAMI AVE		NAME		
STREET ADDRESS	MIAMI, FL 33133		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WOMBLE, SHEILA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1900 BISCAYNE BLVD, STE 201		NAME		
STREET ADDRESS	MIAMI, FL 33132		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BRUNEY, LAURA <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	201 S BISCAYNE BLVD, SUITE 2400		NAME		
STREET ADDRESS	MIAMI, FL 33131		STREET ADDRESS	<u>777 17th STREET #402</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>MIAMI BEACH, FL 33139</u>	
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.					
SIGNATURE: <u><i>Laura Bruney</i></u>		<u>LAURA BRUNEY</u>		<u>1-26-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<u>305 856-1163</u> <small>Daytime Phone #</small>	