

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90013 001 ****61.25

DOCUMENT # N95000005428

1. Entity Name

FRIENDS OF THE DCCOSW, INC.



Principal Place of Business

C/O ANA M. GUILLEN
250 CATALONIA AVE #400
CORAL GABLES FL 33134
US

Mailing Address

C/O ANA M. GUILLEN
250 CATALONIA AVE #400
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0642991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUILLEN, ANA MAGDA
250 CATALONIA AVE
SUITE 400
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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/D ☐ Delete
NAME GUILLEN, ANA MAGDA
STREET ADDRESS 250 CATALONIA AVE, SUITE 400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☒ Addition
NAME **MAGALI ABAD**
STREET ADDRESS **15 Madeira Ave #6**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE S/D ☐ Delete
NAME LURIE, DORIE
STREET ADDRESS 9349 ABBOTT AVE
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Delete
NAME THOMAS, EUGENIA
STREET ADDRESS 1110 NW 41ST STREET
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAGUE, IRELA
STREET ADDRESS 15 MADEIRA AVE #6
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME SULLIVAN, KAY
STREET ADDRESS 111 N.W. 1 ST #17 FLOOR
CITY-ST-ZIP MIAMI FL 33128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MAGALI ABAD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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