2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
01-14-2005 90001 011 ****61.25

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # N95000005428

1. Entity Name
FRIENDS OF DCCFW INC.

Principal Place of Business	Mailing Address
C/O ANA M. GUILLEN 250 CATALONIA AVE #400 CORAL GABLES, FL 33134 US	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

4. FEI Number 65-0842991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GUILLEN, ANA MAGDA 250 CATALONIA AVE, SUITE 400 CORAL GABLES, FL 33134	☐ Delete President	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Sibley, Dorothy 13125 SW 61 AVE MIAMI FL 33156 Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D LURIE, DORIE 9349 ABBOTT AVE SURFSIDE, FL 33154	☐ Delete Secretary	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D THOMAS, EUGENIA 1110 NW 41ST STREET MIAMI, FL 33127	☐ Delete Treasurer	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAGUE, IRELA 15 MADEIRA AVE #6 CORAL GABLES, FL 33134	☐ Delete Director	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ABAD, MAGALI 15 MADEIRA AVE. #6 MIAMI, FL 33134	☑ Delete Vice Pres	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 1/6/05 3054442423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #