

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90058 001 ****61.25

DOCUMENT # N95000005428

1. Entity Name
FRIENDS OF DCCFW 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

40065250



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUILLEN, ANA MAGDA
STREET ADDRESS	250 CATALONIA AVE, SUITE 400
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SECRETARY
NAME	ABAD, MAGALI
STREET ADDRESS	2430 SW 18 STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	S
NAME	MARTINEZ, PAT
STREET ADDRESS	1550 BRIDGELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	SECRETARY TREASURER
NAME	BAGUE, IRELA
STREET ADDRESS	15 MADEIRA AVE #6
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ELIAS, CARMEN
STREET ADDRESS	5979 NW 151 STREET, #221
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]

ANA M GUILLEN PRES.

3/8/07

305 444 2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #