

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90011 020 ****61.75

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**

40029907



DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (4/06)

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

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, 2008**

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	S
NAME	ABAD, MAGALI
STREET ADDRESS	2430 SW 18 STREET
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	T
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President

1/24/08

305 444 2423