2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N95000005428

Entity Name: FRIENDS OF DCCFW INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0642991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GUILLEN, ANA MAGDA	
Address:	250 CATALONIA AVE, SUITE 400	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	S	( ) Delete
Name:	ABAD, MAGALI	
Address:	2430 SW 18 STREET	
City-St-Zip:	MIAMI, FL 33145	
Title:	T	( ) Delete
Name:	BAGUE, IRELA	
Address:	15 MADEIRA AVE #6	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	ELIAS, CARMEN	
Address:	5979 NW 151 STREET, #221	
City-St-Zip:	MIAMI LAKES, FL 33014	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA M. GUILLEN PRES 02/24/2009
Electronic Signature of Signing Officer or Director — Date