


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001788	
1. Entity Name THE DADE COUNTY JUVENILE ASSESSMENT CENTER CORPORATION	

Principal Place of Business 275 NW 2ND STREET MIAMI, FL 33128	Mailing Address 275 NW 2ND STREET MIAMI, FL 33128
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04062006 No Chg-NP CR2E037 (11/05)

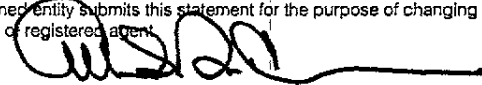
DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARDENAS, ALBERTO 1441 BRICKELL AVENUE 15TH FLOOR MIAMI, FL 33131

**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:  DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROULHAC, PETER W 200 SOUTH BISCAYNE BLVD. 15 FLOOR MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCD CARDENAS, ALBERTO 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, DOROTHY 2333 PONCE DE LEON BLVD. PH 1100 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAENZ, RAUL 8180 NW 36TH ST. STE 100 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80062-002 61.25

**DO NOT WRITE
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 #