

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 19, 2006
Secretary of State**

DOCUMENT# N97000003468

Entity Name: DADE ASSOCIATION OF VOCATIONAL, ADULT, CAREER AND COMMUNITY EDUCATION, INC.

Current Principal Place of Business:

1450 N.E. 2ND AVENUE
ROOM 834
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1450 N.E. 2ND AVENUE
ROOM 834
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0692185 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRYAN, RALPH S
1450 N.E. 2ND AVENUE
ROOM 834
MIAMI, FL 33132 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: GARVIN, ZACHARY
Address: 3422 NW 187 STREET
City-St-Zip: OPA-LOCKA, FL 33056

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

Title: PD () Delete
Name: SUROS, EDNA L
Address: 18180 SW 122 AVE
City-St-Zip: MIAMI, FL 33177

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

Title: DT () Delete
Name: BRYAN, RALPH S
Address: 1450 NE 2 AVENUE, ROOM 834
City-St-Zip: MIAMI, FL 33132

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH S. BRYAN

DT

07/19/2006

Electronic Signature of Signing Officer or Director

_____ Date