

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002959

FILED  
Jun 05, 2004  
Secretary of State

Entity Name: WOMEN ALLIANCE OF MIAMI-DADE & BROWARD, INC.

**Current Principal Place of Business:**

60 NW 161ST AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

60 NW 161ST AVE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 27-0006310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SICARD, AUDE M.L.  
60 NW 161ST AVE  
PEMBROKE PINES, FL 33028 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: DP ( ) Delete  
Name: SICARD, AUDE M.L.  
Address: 60 NW 161ST AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DS ( ) Delete  
Name: LARIEUX, MARYAE  
Address: 10843 NW 8TH AVE  
City-St-Zip: MIAMI, FL 33168

Title: DT ( ) Delete  
Name: PIERRE, MAGALIE  
Address: 7829 TROPICANA DR  
City-St-Zip: MIRAMAR, FL 33023

Title: DV ( ) Delete  
Name: MARTIN, MARIE JOSE  
Address: 1966 NE 176TH ST  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: TVC ( ) Delete  
Name: JEAN-GILLES, ROSE  
Address: 1100 NW 43RD CT  
City-St-Zip: CORAL SPRINGS, FL 33065

**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:

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 Section 119.07(3)(i), 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: AUDE SICARD

DP

06/05/2004

Electronic Signature of Signing Officer or Director

Date