


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N98000003724 |  |
| 1. Entity Name MIAMI-DADE S.E.C.M.E. ALLIANCE, INC. | |

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| Principal Place of Business C/O CONSTANCE THORNTON 1500 BISCAYNE BLVD, 327 S MIAMI, FL 33132 | Mailing Address C/O CONSTANCE THORNTON 1500 BISCAYNE BLVD, 327 S MIAMI, FL 33132 |
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04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0861579 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent THORNTON, CONSTANCE 1500 BISCAYNE BLVD, 327 S MIAMI, FL 33132 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000151672
05/04/04-80052-023 61.25

| 10. OFFICERS AND DIRECTORS | |
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| NAME D COLLINS, KEITH STREET ADDRESS 13680 NW 5TH ST #100 CITY-STATE-ZIP SUNRISE, FL 33325 | |
| NAME D GOMEZ, NEMESIO STREET ADDRESS 2828 CORAL WAY CITY-STATE-ZIP MIAMI, FL 33129 | |
| NAME S TRAVIESO, ELIZABETH STREET ADDRESS 5842 S.W. 120 AVENUE CITY-STATE-ZIP COOPER CITY, FL 33330 | |
| NAME D THORNTON, CONSTANCE STREET ADDRESS 1500 BISCAYNE BLVD #327 CITY-STATE-ZIP MIAMI, FL 33132 | |
| NAME STREET ADDRESS CITY-STATE-ZIP | |
| NAME STREET ADDRESS CITY-STATE-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Elizabeth Travieso* **4/20/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #