


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



04082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0861579	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

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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	D COLLINS, KEITH 13680 NW 5TH ST #100 SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, NEMESIO 2828 CORAL WAY MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRAVIESO, ELIZABETH 5842 S.W. 120 AVENUE COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORNTON, CONSTANCE 1500 BISCAYNE BLVD #327 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/23/05-80054-023 61.25

**DO NOT WRITE
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* **Elizabeth Travieso** 4/7/05 305 99573321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #