


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001028 1. Entity Name MIAMI-DADE EMPOWERMENT TRUST, INC.	
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Principal Place of Business 3050 BISCAYNE BLVD SUITE 300 MIAMI, FL 33137	Mailing Address 3050 BISCAYNE BLVD SUITE 300 MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE

02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0911008	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

**FINNIE, BRYAN K
 MIAMI-DADE EMPOWERMENT TRUST, INC.
 3050 BISCAYNE BLVD. -SUITE 300
 MIAMI, FL 33137**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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


4000000049556
 02/13/04-80028-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FAIR, T. WILLARD 8500 NW 25 AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSBY, W. DEAN SR. 3050 BISCAYNE BLVD., SUITE 504 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT CARPENTER, WILLIE 28801 SW 157 AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Mr. W. Dean Goldsby** **305526-4732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #