

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90261 026 ****70.00

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1. Entity Name
MIAMI-DADE COMMUNITY DEVELOPMENT, INC.



Principal Place of Business
**14343 SOUTHWEST 62 STREET
MIAMI, FL 33183 US**

Mailing Address
**10690 S W 7TH TERRACE
MIAMI, FL 33174**

40000



03102006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0908890

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE VILLEGAS, ELENA DIAZ
10690 S W 7 TERRACE
MIAMI, FL 33174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ALEMAN, EVA**
STREET ADDRESS **12260 SW 8 STREET #224**
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE **VD** ☐ Delete
NAME **MCBRIDE, SILVIA**
STREET ADDRESS **12260 SOUTHWEST 8 STREET SUITE 224**
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE **PD** ☐ Delete
NAME **ALVAREZ, CLAUDIA**
STREET ADDRESS **14343 SOUTHWEST 62 STREET**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
no change

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **McBride, Silvia**
CITY-ST-ZIP **10690 SW 7 Terrace**
Miami FL 33174

TITLE ☐ Change ☐ Addition
NAME **President**
STREET ADDRESS **Claudia Alvarez**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #