## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002590

Entity Name: C.A.M.P. 4 JUSTICE FOUNDATION, INC.

FILED Jul 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6619 SOUTH DIXIE HIGHWAY PMB 241 MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 6619 SOUTH DIXIE HIGHWAY PMB 241 MIAMI, FL 33143 FEI Number: 65-0937615 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AV 2ND FLOOR CORAL GABLES, FL 331346700 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MENDEZ, MICHAEL Name: Name: 6500 SW 98 STREET Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: COSTA, MIRTA Name: Address: 6500 SW 98 STREET Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition DE LA PENA, MARIO Name: Name: 1000 SW 184 TERRACE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DE LA PENA, MIRIAM Name: Address: 1000 SW 184 TERRACE Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition ALEJANDRE, MARLENE V Name: Name: 7500 SW 61 STREET Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition FERNANDEZ, MARLENE A Name: Name: Address: 7500 SW 61 STREET Address:

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.

City-St-Zip:

SIGNATURE: MICHAEL MENDEZ DIR 07/05/2005

MIAMI, FL 33143

City-St-Zip: