

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 02, 2005 8:00 am
Secretary of State

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04292005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000004327 1. Entity Name CRIME PREVENTION ALLIANCE OF SOUTH FLORIDA, INC.					
Principal Place of Business 1701 NORMANDRY DR MIAMI BEACH, FL 33141			Mailing Address 615 S W 64 AVE MIAMI, FL 33144		
2. Principal Place of Business 1688 CORAL WAY Suite, Apt. #, etc.		3. Mailing Address 1688 CORAL WAY Suite, Apt. #, etc.		4. FEI Number 73-1714960 Applied For ☐ Not Applicable	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33145		Zip 33145			
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, BARBARA E 615 S W 64 AVE MIAMI, FL 33144				7. Name and Address of New Registered Agent Name VARES, INC. Street Address (P.O. Box Number is Not Acceptable) 1688 CORAL WAY City MIAMI, FLORIDA FL Zip Code 33145	
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 <u><i>Juan Rodriguez</i></u> CPA/VARES, INC DATE <u>4/26/05</u> 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, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCPO SANCHEZ, BARBARA E 1701 NORMANDRY DR MIAMI BEACH, FL 33141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SANCHEZ, BARBARA E 1688 CORAL WAY MIAMI, FLORIDA 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADWELL, JOE 1701 NORMANDRY DR MIAMI BEACH, FL 33141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADWELL, JOE 1688 CORAL WAY MIAMI, FLORIDA 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HERTZ, JACQUE 1701 NORMANDRY DR MIAMI BEACH, FL 33141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABRAIRA, DANIEL 1688 CORAL WAY MIAMI, FLORIDA 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIAN, RAYMOND 1701 NORMANDRY DR MIAMI BEACH, FL 33141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIAN, RAYMOND 1688 CORAL WAY MIAMI, FLORIDA, 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITA, MARITZA 1701 NORMANDRY DR MIAMI BEACH, FL 33141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASTINGS, CARL 1688 CORAL WAY MIAMI, FLORIDA, 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTNEZ, BERNICE 1701 NORMANDRY DR MIAMI BEACH, FL 33141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OREILY, SHAWN 1688 CORAL WAY MIAMI, FLORIDA 33145	☐ Change ☒ Addition
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/26/05</u> Daytime Phone # <u>786-402-5557</u>		