2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004327

FILED Jun 27, 2007 Secretary of State

Entity Name: CRIME PREVENTION ALLIANCE OF SOUTH FLORIDA, INC.

	rincipal Place of Business:	New Principal Place of Business:
1688 COR MIAMI, FL		
Current M	lailing Address:	New Mailing Address:
1688 COR MIAMI, FL		
In accordan	: 73-1714960 FEI Number Applied For	n did not receive the prior notice.
VARES, IN 1688 COR MIAMI, FL	RAL WAY	ent: Name and Address of New Registered Agent:
	e named entity submits this statement for e of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Register	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PCD () Delete SANCHEZ, BARBARA E 1688 CORAL WAY MIAMI, FL 33145	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	VPD () Delete BRADWELL, JOE 1688 CORAL WAY	Title: () Change () Addition Name: Address:
Address: City-St-Zip:	MIAMI, FL 33145	City-St-Zip:
	MIAMI, FL 33145 D () Delete ADRIAN, RAYMOND 1688 CORAL WAY MIAMI, FL 33145	City-St-Zip: Title: D (X) Change () Addition Name: NEFFKY, PETER Address: 1688 CORAL WAY City-St-Zip: MIAMI, FL 33145
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delete ADRIAN, RAYMOND 1688 CORAL WAY	Title: D (X) Change () Addition Name: NEFFKY, PETER Address: 1688 CORAL WAY
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delete ADRIAN, RAYMOND 1688 CORAL WAY MIAMI, FL 33145 D () Delete HASTINGS, CARL 1688 CORAL WAY	Title: D (X) Change () Addition Name: NEFFKY, PETER Address: 1688 CORAL WAY City-St-Zip: MIAMI, FL 33145 Title: () Change () Addition Name: Address:

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.

SIGNATURE: BARBARA SANCHEZ P 06/27/2007