2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# N99000004327

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

Current Principal Place of Business:

1688 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1688 CORAL WAY
MIAMI, FL 33145

New Mailing Address:

FEI Number: 73-1714960 **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:

VARES, INC.
1688 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Title: PCD ( ) Delete
Name: SANCHEZ, BARBARA E
Address: 1688 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: VPD ( ) Delete
Name: BRADWELL, JOE
Address: 1688 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: NEFFKY, PETER
Address: 1688 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: HASTINGS, CARL
Address: 1688 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: LAGO, RAMON
Address: 1688 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: BETANCOURT, DEBBIE
Address: 1688 CORAL WAY
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 08/29/2008

Electronic Signature of Signing Officer or Director — Date