


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90016 042 ***158.75

DOCUMENT # P04000016861	
1. Entity Name DCF OF SOUTH MIAMI, INC.	

Principal Place of Business 2911 SW 134TH AVENUE MIAMI, FL 33175	Mailing Address 2911 SW 134TH AVENUE MIAMI, FL 33175
--	--

50000508



2. Principal Place of Business 1480 S.W. 131 Place	3. Mailing Address 1480 S.W. 131 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)


City & State Miami, FL	City & State Miami, FL
Zip 33184	Country
Zip 33184	Country

4. FEI Number 20-0663046	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

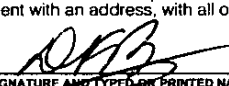
6. Name and Address of Current Registered Agent FERNANDEZ, DESIREE C 2911 SW 134TH AVENUE MIAMI, FL 33175	
--	--

7. Name and Address of New Registered Agent Name FERNANDEZ, Desiree C Street Address (P.O. Box Number is Not Acceptable) 1480 S.W. 131 Place City Miami FL Zip Code 33184	
---	--

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 	DATE 2/17/2006
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, DESIREE C 2911 SW 134TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, DESIREE C 1480 S.W. 131 Place MIAMI, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, DESIREE C 2911 SW 134TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, DESIREE C 1480 S.W. 131 Place MIAMI, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: 	DATE 2/17/2006 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

ATTACHMENT

~~50000508~~
~~#P04000016861~~

..0..

0.00 */

0.00

..... *

..0..

150.00 +

8.75 +

158.75 *

..0..

..0..

..0..