

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000050668

**Entity Name:** T.O.A.D. PROGRAM OF MIAMI DADE COUNTY, INC.

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1626 A ALTON ROAD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1626 A ALTON ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 30-0307297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY  
297 SUNNY ISLES BLVD  
SUNNY ISLES BEACH, FL 33160      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: BENVENISTE, JACK  
Address: 1626 A ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK BENVENISTE

PSD

01/08/2008

Electronic Signature of Signing Officer or Director

Date