

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90013 001 ****61.25

DOCUMENT # N95000005428

1. Entity Name

FRIENDS OF THE DCCOSW, INC.



Principal Place of Business

C/O ANA M. GUILLEN
 250 CATALONIA AVE #400
 CORAL GABLES FL 33134
 US

Mailing Address

C/O ANA M. GUILLEN
 250 CATALONIA AVE #400
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0642991

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

GUILLEN, ANA MAGDA
250 CATALONIA AVE
SUITE 400
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	GUILLEN, ANA MAGDA	
STREET ADDRESS	250 CATALONIA AVE, SUITE 400	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	LURIE, DORIE	
STREET ADDRESS	9349 ABBOTT AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	THOMAS, EUGENIA	
STREET ADDRESS	1110 NW 41ST STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGUE, IRELA	
STREET ADDRESS	15 MADEIRA AVE #6	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, KAY	
STREET ADDRESS	111 N.W. 1 ST #17 FLOOR	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	<i>MAGALI ABAD</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>MAGALI ABAD</i>	
STREET ADDRESS	<i>15 Madeira Ave #6</i>	
CITY-ST-ZIP	<i>Coral Gables FL 33134</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] President 2/5/04

Date

Daytime Phone #

305 4442423