


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90143 034 \*\*\*\*61.25

**DOCUMENT # 709786**

1. Entity Name  
 MIAMI DADE COLLEGE FOUNDATION, INC



Principal Place of Business  
 300 NE 2 AVENUE  
 RM 4102  
 MIAMI, FL 33132

Mailing Address  
 300 NE 2 AVENUE  
 RM 4102  
 MIAMI, FL 33132

2. Principal Place of Business  
 401 NE 2 AVE

3. Mailing Address  
 Suite, Apt. #, etc.  
 RM 4102


City & State  
 Miami, FL

City & State  
 Miami, FL

Zip  
 33132

Country  
 US

40022917



02142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-6169745

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIOVANNI, LIMA 300 NE 2 AVENUE RM 4102 MIAMI, FL 33132		Name	LIMA, GIOVANNI
		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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD ARGIZ, ANTONIO L CPA 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD DOTSON, JR., ALBERT E ESQ 200 SOUTH BISCAYNE BLVD., STE 200 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DOTSON, JR., ALBERT E ESQ 200 SOUTH BISCAYNE BLVD., SUITE 200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DELOACH, SCOTT 2001 NW 107 AVE MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FURIA, ARTHUR J ESQ 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131 <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	ED GENTRY, SAMUEL W 300 NE 2ND AVENUE, RM 4102 MIAMI, FL 33132 <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	T WILSON, MILLAR 220 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, SHELDON 700 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMA, GIOVANNI 300 NE 2ND AVENUE, RM 4102 MIAMI, FL 33132 <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 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:** GIOVANNI LIMA 2/14/05 305-237-3248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #