


2006 NQT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005428

1. Entity Name
FRIENDS OF DCCFW INC.



FILED

06 JUN -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

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

01112006 Chg-NP CR2E037 (11/05) *06*

City & State
Zip Country

4. FEI Number
65-0642991

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

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

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

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	P GUILLEN, ANA MAGDA 250 CATALONIA AVE, SUITE 400 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LURIE, DORIE 9349 ABBOTT AVE SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, EUGENIA 1110 NW 41ST STREET MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGUE, IRELA 15 MADEIRA AVE #6 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIBLEY, DOROTHY 13125 SW BIAVE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAGALI ABAD 2430 SW 18 ST MIAMI FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT MARTINEZ 1550 BRUCKELL AVE MIAMI FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARMEN ELIAS 5979 NW 151 ST #221 MIAMI LAKES FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR
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"/> Change <input type="checkbox"/> Addition
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 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: *ANA M. GUILLEN* 5/31/06 305 4442423

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