


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90058 001 \*\*\*\*61.25

**DOCUMENT # N95000005428**


1. Entity Name  
**FRIENDS OF DCCFW INC.**



Principal Place of Business <b>C/O ANA M. GUILLEN          250 CATALONIA AVE #400          CORAL GABLES, FL 33134 US</b>	Mailing Address <b>C/O ANA M. GUILLEN          250 CATALONIA AVE #400          CORAL GABLES, FL 33134 US</b>
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**40065250**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0642991</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reissuing)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILLEN, ANA MAGDA 250 CATALONIA AVE, SUITE 400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <b>SECRETARY</b> ABAD, MAGALI 2430 SW 18 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> MARTINEZ, PAT 1550 BRIDGELL AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> <b>SECRETARY TREASURER</b> BAGUE, IRELA 15 MADEIRA AVE #6 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, CARMEN 5979 NW 151 STREET, #221 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 PRES.** Date: **3/8/07** Daytime Phone #: **305 444 2423**