

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 24, 2009  
Secretary of State

DOCUMENT# N95000005428

Entity Name: FRIENDS OF DCCFW INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0642991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GUILLEN, ANA MAGDA  
Address: 250 CATALONIA AVE, SUITE 400  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S ( ) Delete  
Name: ABAD, MAGALI  
Address: 2430 SW 18 STREET  
City-St-Zip: MIAMI, FL 33145

Title: T ( ) Delete  
Name: BAGUE, IRELA  
Address: 15 MADEIRA AVE #6  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: ELIAS, CARMEN  
Address: 5979 NW 151 STREET, #221  
City-St-Zip: MIAMI LAKES, FL 33014

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ANA M. GUILLEN

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date