

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009663

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: THE FAMILY CORNERS, INC.

**Current Principal Place of Business:**

666 NE 125 ST, SUITE 243  
MIAMI, FL 33161

**New Principal Place of Business:**

666 NE 125 ST, SUITE 216  
MIAMI, FL 33161

**Current Mailing Address:**

666 NE 125 ST, SUITE 243  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 20-3496876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STERIL, MARIE E  
1005 NW 128TH ST.  
N. MIAMI, FL 33168      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: C      ( ) Delete  
Name: LAMARTINE, MICHEL P  
Address: 8090 NW 21 ST.  
City-St-Zip: SUNRISE, FL 33322

Title: C      ( ) Delete  
Name: MONESTIME, JEAN  
Address: 13325 NW 11 AVE.  
City-St-Zip: MIAMI, FL 33168

Title: T      ( ) Delete  
Name: JULIEN, JOHN  
Address: P.O. BOX 601171  
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: S      ( ) Delete  
Name: DARGENSON, SIMONE  
Address: 1301 NE 200 TERRACE  
City-St-Zip: MIAMI, FL 33179

Title: O      ( ) Delete  
Name: FLEURENA, BERMAN  
Address: 1935 NE 172 ST.  
City-St-Zip: MIAMI, FL 33162

Title: O      ( ) Delete  
Name: WENSE, CONELIA  
Address: 633 NW 167 ST, SUITE 522  
City-St-Zip: MIAMI, FL 33162

**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:

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 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: LAMARTINE MICHEL

C

02/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date