

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009663

FILED
Jan 24, 2008
Secretary of State

Entity Name: THE FAMILY CORNERS, INC.

Current Principal Place of Business:

666 NE 125 ST, SUITE 216
MIAMI, FL 33161

New Principal Place of Business:

12490 NE 7 AVE
SUITE 216
MIAMI, FL 33161

Current Mailing Address:

666 NE 125 ST, SUITE 243
MIAMI, FL 33161

New Mailing Address:

12490 NE 7 AVE
SUITE 216
MIAMI, FL 33161

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 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: MARIE ERLANDE STERIL

EXEC

01/24/2008

Electronic Signature of Signing Officer or Director

Date