

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009663

FILED  
Jul 13, 2010  
Secretary of State

**Entity Name:** THE FAMILY CORNERS, INC.

**Current Principal Place of Business:**

12490 NE 7 AVE  
SUITE 216  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

12490 NE 7 AVE  
SUITE 216  
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  
Name: LAMARTINE, MICHEL P  
Address: 8090 NW 21 ST.  
City-St-Zip: SUNRISE, FL 33322

Title: C  
Name: GERVAIS, EDDY  
Address: 12490 N E 7 AVE  
City-St-Zip: MIAMI, FL 33168

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHEL LAMARTINE PORCENA

C

07/13/2010

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

\_\_\_\_\_ Date