

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099276

FILED
May 01, 2004
Secretary of State

Entity Name: CENTER FOR PERSONAL EMPOWERMENT, INC.

Current Principal Place of Business:

7815 CORAL WAY STE 100
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7815 CORAL WAY STE 100
MIAMI, FL 33155

New Mailing Address:

FEI Number: 02-0642413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIOL, MARIA M
7815 CORAL WAY, SUITE 100
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BARRIOS, LOURDES
Address: 7815 CORAL WAY STE 100
City-St-Zip: MIAMI, FL 33155

Title: DT () Delete
Name: ALEA, ANTONIA M
Address: 7815 CORAL WAY STE 100
City-St-Zip: MIAMI, FL 33155

Title: DP () Delete
Name: GIOL, MARIA M
Address: 7815 CORAL WAY STE 100
City-St-Zip: MIAMI, FL 33155

Title: DS () Delete
Name: MORALES, ILEM C
Address: 7815 CORAL WAY STE 100
City-St-Zip: MIAMI, FL 33155

Title: V (X) Delete
Name: RODRIGUEZ, JULIETTA R
Address: 7815 CORAL WAY, SUITE 100
City-St-Zip: MIAMI, FL 33155

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: DS (X) Change () Addition
Name: CANDELARIA-LUGO, MIRIAM L
Address: 7815 CORAL WAY STE 100
City-St-Zip: MIAMI, FL 33155

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES BARRIOS

Electronic Signature of Signing Officer or Director

DV

05/01/2004

_____ Date