2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600002031 1. Entity Name

FILED Apr 29, 2002 8:00 am § Secretary of State

THE CENTER FOR POSITIVE CONNECTIONS, INC.				04-29-2002 90031 024 ***150.00			
Principal Place of Business	Mailing Address						
12570 N.E. 7TH AVE	12570 N.E. 7TH AVE	-					
#104	#104	#104					
NORTH MIAMI FL 33161 US	North Miami FL 3: US	3161					
2. Principal Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State			4. FEI Number	-0669709	Applied For	
Zip Country	Zip	. Co	untry	5. Certificate of Sta	itus Desired S8.75	Not Applicable Additional	
6. Name and Address of Cu	rrent Registered Agent		<u> </u>	7. Name and Addr	Fee Re	dnitea	
			Name			·· .	
KAPLAN, SHERI			Street Address	ss (P.O. Box Number is N	lot Acceptable)		
12570 N.E. 7TH AVE		•					
#104							
NORTH MIAMI FL 33161			City		FL Zip	Code	
8. The above named entity submits this statement	ent for the purpose of chang	ging its register	ed office or regis	stered agent, or both, in t	he state of Florida.		
SIGNATURE	d agent and title if applicable.	(NOTE: Registere	d Agent signature regu	uired when reinstating)	DATE		
Signature, typed or printed name of registered	9. Election	(NOTE: Registere on Campaign F Fund Contribut	inancing	\$5.00 May Be Added to Fees	Make Check Paya Department of S		
FILE NOW: FEE IS \$61.25 OFFICERS AN	9. Election	on Campaign F	inancing	\$5.00 May Be Added to Fees	Make Check Paya Department of S	State	
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of the corporation or the region is true and a decreated and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the region or the region of the corporation or the region of the region of the corporation or the region of the corporation or the region of the 305 891-2066

SIGNATURE:

3/13/02