

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000906

FILED
Apr 30, 2007
Secretary of State

Entity Name: POWER U CENTER FOR SOCIAL CHANGE, INC.

Current Principal Place of Business:

1633 NW 3RD AVE.
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1633 NW 3RD AVE.
MIAMI, FL 33136

New Mailing Address:

FEI Number: 02-0584196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, CAROL A
1925 BRICKELL AVENUE
SUITE D-207
MIAMI, FL 33129 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 (X) Delete
Name: SNEAD, ROSLYN
Address: 1201 NW 2ND AVE.
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: PERRY, DENISE M
Address: 1330 NE 132ND STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: T (X) Delete
Name: DEMERITTE, BARBARA
Address: 3314 OAK AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: SMITH, ALICE
Address: 232 NW 59TH ST.
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: CHARLES, MIRENE
Address: 19500 NW 1ST AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: INGRAM, NEWTON
Address: 10520 NW 1ST. AVE
City-St-Zip: PEMBROKE PINES, FL 33026

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: S (X) Change () Addition
Name: SMITH, ALICE
Address: 232 NW 59TH ST.
City-St-Zip: MIAMI, FL 33127

Title: C (X) Change () Addition
Name: CHARLES, MIRENE
Address: 19500 NW 1ST AVE
City-St-Zip: MIAMI, FL 33169

Title: T (X) Change () Addition
Name: INGRAM, NEWTON
Address: 10520 NW 1ST. AVE
City-St-Zip: PEMBROKE PINES, FL 33026

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: DENISE PERRY

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date