

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722295

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY HABILITATION CENTER, INC.

**Current Principal Place of Business:**

11450 S.W. 79TH ST.  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

11450 S.W. 79TH ST.  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 23-7171039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAZZARELLA, JOHN  
11450 SW 79 ST.  
MIAMI, FL 33173 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:** P  
**Name:** MAZZARELLA, JOHN  
**Address:** 10733 SW 129 PLACE  
**City-St-Zip:** MIAMI, FL 33186

**Title:** D  
**Name:** MATAMOROS, LOURDES  
**Address:** 11461 SW 81 TERRACE  
**City-St-Zip:** MIAMI, FL 33173

**Title:** D  
**Name:** LAVER, NATALIA  
**Address:** 13907 SW 279 LANE  
**City-St-Zip:** HOMESTEAD, FL 33032

**Title:** T  
**Name:** LEFFIN, MARC  
**Address:** 18851 NE 29TH AVE  
**City-St-Zip:** MIAMI, FL 33180

**Title:** S  
**Name:** BRIAN, BRODEUR  
**Address:** 5685 SW 85TH STREET  
**City-St-Zip:** MIAMI, FL 33143

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:** JOHN MAZZARELLA

MR.

01/05/2011

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

\_\_\_\_\_  
Date