

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009663

**FILED**  
**Jun 27, 2013**  
**Secretary of State**  
**CC7273882338**

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

**Current Principal Place of Business:**

12490 NE 7 AVE  
SUITE 216  
MIAMI, FL 33161

**Current Mailing Address:**

12490 NE 7 AVE  
SUITE 216  
MIAMI, FL 33161

**FEI Number:** 20-3496876

**Certificate of Status Desired:** No

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

STERIL, MARIE E  
1005 NW 128TH ST.  
N. MIAMI, FL 33168 US

*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

**Officer/Director Detail :**

Title C  
Name PIERRE, BERNADETTE  
Address 2125 NE 121 STREET  
City-State-Zip: NORTH MIAMI FL 33181

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

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

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

Title O  
Name FLEURENA, BERMAN  
Address 1935 NE 172 ST.  
City-State-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:** DARGENSON, SIMONE

**OFFICER**

**06/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date