

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009663

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

**Current Principal Place of Business:**

12490 NE 7 AVE  
SUITE 216  
MIAMI, FL 33161

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC2187366721**

**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	T
Name	JULIEN, JOHN
Address	P.O. BOX 601171
City-State-Zip:	N. MIAMI BEACH FL 33160
Title	O
Name	FLEURENA, BERMAN
Address	1935 NE 172 ST.
City-State-Zip:	MIAMI FL 33162

Title	C
Name	GERVAIS, EDDY
Address	12490 N E 7 AVE
City-State-Zip:	MIAMI FL 33168
Title	S
Name	DARGENSON, SIMONE
Address	1301 NE 200 TERRACE
City-State-Zip:	MIAMI FL 33179

*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**

**SECRETARY**

**01/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date