

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 20, 2010
Secretary of State

DOCUMENT# 738400

Entity Name: THE CENTER FOR FAMILY AND CHILD ENRICHMENT, INC.**Current Principal Place of Business:**1825 NW 167 STREET
SUITE 102
MIAMI, FL 33056 US**New Principal Place of Business:****Current Mailing Address:**1825 NW 167 STREET
SUITE 102
MIAMI, FL 33056 US**New Mailing Address:****FEI Number:** 59-1775062 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DUNN, DELORES T.
1825 NW 167 STREET
SUITE 102
MIAMI, FL 33169 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: NICHSON, DOREATHA
Address: 2190NW 135 TH STREET
City-St-Zip: MIAMI, FL 33167**Title:** V
Name: ALUBI, NELSON MD
Address: 113 NEWTON ROAD
City-St-Zip: HOLLYWOOD, FL 33023**Title:** T
Name: LEWIS-SUTTON, LAMAR
Address: 480 NE 143RD STREET
City-St-Zip: N MIAMI, FL 33161**Title:** S
Name: GREENE, ROBIN ESQ
Address: 3969 POINCIANA CLOSE RD
City-St-Zip: COCONUT GROVES, FL 33133**Title:** CEO
Name: DUNN, T. D
Address: 1825 NW 167 STREET
City-St-Zip: MIAMI, FL 33056

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: T DELORES DUNN

CEO

10/20/2010

Electronic Signature of Signing Officer or Director

Date