




**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 750660</b>			
1. Entity Name <b>URBAN EMPOWERMENT CORPORATION</b>			
Principal Place of Business <b>3672 GRAND AVENUE COCONUT GROVE, FL 33233 US</b>		Mailing Address <b>P O BOX 330075 COCONUT GROVE, FL 33233-0075 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03012006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>59-2056758</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDONALD, YVONNE M 3366 THOMAS AVE. MIAMI, FL 33133</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000532670 05/06/06-80094-016 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ALONSO-POCH, MANUEL 2100 PONCE DE LEON DR., STE 901 MIAMI, FL 33143		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAKER, ANNIE B 3802 OAK AVENUE MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEONARD, WILLIE REV. 3616 DAY AVENUE MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERSTER, LUCIAN 1320 NW 14TH STREET MIAMI, FL 33125		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/28/06</b> Daytime Phone # <b>305-446-3095</b>	