


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 042 ****70.00

DOCUMENT # 750660	
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1. Entity Name
URBAN EMPOWERMENT CORPORATION

Principal Place of Business 3672 GRAND AVENUE COCONUT GROVE, FL 33233 US	Mailing Address P O BOX 330075 COCONUT GROVE, FL 33233-0075 US
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01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2056758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MCDONALD, YVONNE M
3366 THOMAS AVE.
MIAMI, FL 33133

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALONSO-POCH, MANUEL 2100 PONCE DE LEON DR., STE 901 MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, ANNIE B 3802 OAK AVENUE MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, WILLIE REV. 3616 DAY AVENUE MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERSTER, LUCIAN 1320 NW 14TH STREET MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

SIGNATURE: Yvonne McDonald Yvonne McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 3054463095
Date Daytime Phone #