

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000629

FILED
Apr 12, 2008
Secretary of State

Entity Name: THE CENTER FOR MINORITY STUDIES, INC.

Current Principal Place of Business:

17490 SW 104 AVE STE B
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17490 SW 104 AVE STE B
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0977666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, EVANS
17490 SW 104 AVE STE B
MIAMI, FL 33157 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: PTD () Delete
Name: BRANCH, EVANS III
Address: 17490 SW 104 AVE STE B
City-St-Zip: MIAMI, FL 33157

Title: SVD (X) Delete
Name: RILEY, JOCELYN P
Address: 17490 SW 104 AVE STE B
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVANS BRANCH

PTD

04/12/2008

Electronic Signature of Signing Officer or Director

Date