2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N01000000023

Entity Name: THE EMBRACE GIRLS FOUNDATION, INC.

Current Principal Place of Business:

18520 N.W. 67TH AVENUE
SUITE #340
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

18520 N.W. 67TH AVENUE
SUITE #340
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 65-1063843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERMAN, LAWRENCE D ESQ.
C/O ONE S.E. 3RD AVE., 28TH FLOOR
AKERMAN, SENTERFITT, SUNTRUST INT'L. CTR.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LAWRENCE, VELMA R
18520 N.W. 67TH AVENUE
SUITE 340
MIAMI, FL 33015 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: VELMA R. LAWRENCE 04/24/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAWRENCE, VELMA R
Address: 18520 NW 67TH AVE., SUITE 340
City-St-Zip: MIAMI, FL 33015

Title: CEOD ( ) Delete
Name: JACKSON, SHARON
Address: 18520 NW 67TH AVE., SUITE 340
City-St-Zip: MIAMI, FL 33015 US

Title: VD ( ) Delete
Name: CLARKE, LOUELLA Y
Address: 18520 NW 67TH AV., SUITE 340
City-St-Zip: MIAMI, FL 33015 US

Title: SD ( ) Delete
Name: ADEBAYO, OLANIKE
Address: 18520 NW 67TH AVE., SUITE 340
City-St-Zip: MIAMI, FL 33015

Title: TD ( ) Delete
Name: PATTERSON, ANTOINETTE
Address: 18520 NW 67TH AVE., SUITE 340
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: LAWRENCE, BARRY K
Address: 18520 NW 67TH AVE., SUITE 340
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VELMA R. LAWRENCE P 04/24/2008
Electronic Signature of Signing Officer or Director Date