


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004519 1. Entity Name COMMUNITY LIFE SUPPORT, INC.	
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Principal Place of Business 486 FISHERMAN ST. OPA LOCKA, FL 33054	Mailing Address 486 FISHERMAN ST. OPA LOCKA, FL 33054
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04152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUNOZ, YADIRA I 426 E. 10TH ST. HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

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

U000000326504
04/23/05-80058-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLEMUR, PIERRE R 10940 SW 106TH AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SANTANA, ELDA 1009 NW. 12TH PLACE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MENA, JULIA 18107 SW. 154 CT. MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MUNOZ, YADIRA 426 E. 10TH ST. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05