2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N01000004519

1. Entity Name
COMMUNITY LIFE SUPPORT, INC.

Principal Place of Business	Mailing Address
486 FISHERMAN ST. OPA LOCKA, FL 33054	486 FISHERMAN ST. OPA LOCKA, FL 33054

U00000061202
04/02/08-80093-010 61.25

03102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1128302
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, YADIRA I
426 E. 10TH ST.
HIALEAH, FL 33010

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLEMUR, PIERRE R
STREET ADDRESS	10940 SW 106TH AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD
NAME	MENA, JULIA
STREET ADDRESS	18107 SW. 154 CT.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	TD
NAME	MUNOZ, YADIRA
STREET ADDRESS	426 E. 10TH ST.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	D
NAME	SANTANA, ELDA Y
STREET ADDRESS	1009 N.W. 128 PL
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	D
NAME	CHAGONI, M.D., LAILA
STREET ADDRESS	18168 N.W. 89 PLACE
CITY-ST-ZIP	HIALEAH, FL 33018
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: Pierre R Blemur M.D. Mar 10 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #