

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007036

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CHILDREN'S SUPPORT NETWORK, INC.

## Current Principal Place of Business:

8000 S.W. 138 ST  
PALMETTO BAY, FL 33158 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 560644  
MIAMI, FL 332560644 US

## New Mailing Address:

FEI Number: 65-1159240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVERSTEIN, LIANA M  
8000 S.W. 138 ST  
PALMETTO BAY, FL 33158 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: DP ( ) Delete  
Name: SILVERSTEIN, LIANA M  
Address: 8000 S.W. 138 ST  
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: DS/T ( ) Delete  
Name: LOPEZ, NESTOR E  
Address: 4431 S.W. 134 CT  
City-St-Zip: MIAMI, FL 33175 US

Title: DVP ( ) Delete  
Name: CRUZ, ROSARIO  
Address: 275 EAST 6TH STREET, APT.12  
City-St-Zip: HIALEAH, FL 33010 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/S (X) Change ( ) Addition  
Name: GONZALEZ, DOROTHY R  
Address: 13700 S.W. 78 COURT  
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: D/T (X) Change ( ) Addition  
Name: JOHNSON, DELORES  
Address: 15007 S. W. 113 PLACE  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Change (X) Addition  
Name: WYNNE, KATHY  
Address: 3152 NEW YORK ST.  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Change (X) Addition  
Name: GARCIA, PATRICIA  
Address: 2245 S. W. 89 PLACE  
City-St-Zip: MIAMI, FL 33165

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: LIANA M. SILVERSTEIN

D/P

04/30/2007

Electronic Signature of Signing Officer or Director

Date