2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2008
Secretary of State

DOCUMENT# N02000001448

Entity Name: CHILDREN & FAMILIES EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

17900 NW 19TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

1725 NORTHEAST 164TH STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

17900 NW 19TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

1725 NORTHEAST 164TH STREET
NORTH MIAMI BEACH, FL 33162

FEI Number: 04-3634674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

J.C. CANTAVE, INC.
1970 NW 180TH STREET
MIAMI GARDENS, FL 33056 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: MERCERON, LINDA
Address: 17900 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV ( ) Delete
Name: JEAN, EDNER
Address: PO BOX 640001
City-St-Zip: NORTH MIAMI, FL 331640001

Title: DST ( ) Delete
Name: SIMEON, FRITZ
Address: PO BOX 5138
City-St-Zip: WEST HOLLYWOOD, FL 33083

Title: D ( ) Delete
Name: MONEREAU, MARIE N
Address: 8365 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MARYLEEN, SIMEON M.
Address: 17900 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV (X) Change ( ) Addition
Name: GIOVANNI, MERCERON
Address: 17900 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: MARYLEEN M. SIMEON PSD 07/04/2008

Electronic Signature of Signing Officer or Director — Date