

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 28, 2009**  
**Secretary of State**

DOCUMENT# N02000001448

**Entity Name:** CHILDREN & FAMILIES EMPOWERMENT CENTER, INC.**Current Principal Place of Business:**1725 NORTHEAST 164TH STREET  
NORTH MIAMI BEACH, FL 33162**New Principal Place of Business:****Current Mailing Address:**1725 NORTHEAST 164TH STREET  
NORTH MIAMI BEACH, FL 33162**New Mailing Address:****FEI Number:** 04-3634674**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****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: BELINDA, MERCERON M.  
Address: 17900 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

Title: CEO ( ) Delete  
Name: MARYLEEN, MERCERON SIMEON  
Address: 17900 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TRSR (X) Change ( ) Addition  
Name: SIMEON, FRITZ  
Address: 17900 NW 19TH STREET  
City-St-Zip: PEMBROKE, FL 33029

Title: CIO (X) Change ( ) Addition  
Name: HARRIS, LAHTEEF  
Address: 17900 NW 19TH STREET  
City-St-Zip: PEMBROKE, FL 33029

Title: ED/P (X) Change ( ) Addition  
Name: MARYLEEN, MERCERON SIMEON  
Address: 17900 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SEC ( ) Change (X) Addition  
Name: DAMAS, HUGO  
Address: 17900 NW 19TH STREET  
City-St-Zip: PEMBROKE, FL 3302\*

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 SIMEON

ED

06/28/2009

Electronic Signature of Signing Officer or Director

Date