

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009582

1. Entity Name
CENTER FOR EDUCATIONAL ENTERPRISES, INC.



Principal Place of Business
**630 LAYNE BLVD., STE. 101
HALLANDALE, FL 33009**

Mailing Address
**630 LAYNE BLVD., STE. 101
HALLANDALE, FL 33009**



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
81-0585999

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WINFREY, FRANCES
630 LAYNE BLVD., STE. 101
HALLANDALE, FL 33009**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
WINFREY, FRANCES
630 LAYNE BLVD., STE. 101
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
ROTKER, AMY
11711 NW 11TH ST.
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
GREENBERG, SUSAN L
20381 NE 30 AVE., APT. 116
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000071537
03/01/04-80075-004 61.25

**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:

Frances C. Winfrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04