

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007054

FILED  
Aug 01, 2008  
Secretary of State

Entity Name: FRESH BEGINNINGS, INC.

**Current Principal Place of Business:**

2699 STIRLING RD, STE C306A  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2699 STIRLING RD, STE C306A  
HOLLYWOOD, FL 33312

**New Mailing Address:**

FEI Number: 86-1084897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

ALEXANDER, RAYMOND  
5950 DELLAGO CIRCLE #204  
SUNRISE, FL 33313      US

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: PEDRO, JOAN D  
Address: 1103 NW 58TH TERRACE #213  
City-St-Zip: SUNRISE, FL 33313

Title: DS      ( ) Delete  
Name: ALEXANDER, ROSE A  
Address: 636 S CHAMPION AVE  
City-St-Zip: COLUMBUS, OH 43205

Title: DT      ( ) Delete  
Name: LEE, EVONNIE  
Address: 5531 SW 114TH AVE  
City-St-Zip: COOPER CITY, FL 33330

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

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

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: RAYMOND ALEXANDER

RA

08/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date