2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N04000007198

Entity Name: STRATEGIC EMPOWERMENT FOR ECONOMIC DEVELOPMENT CORP.

Current Principal Place of Business:

10875 QUAIL ROOST DR.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10875 QUAIL ROOST DR.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 11-3725760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, CHARLES S III
19530 SW 117 COURT
MIAMI, FL 33177 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: P/D ( ) Delete
Name: PATTERSON, CHARLES S III
Address: 19530 S.W. 117 CT.
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: BAGUIDY, ALIX
Address: 10875 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: S/V ( ) Delete
Name: GLORIA, PATTERSON A
Address: 10875 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete
Name: RUBY, JAMES
Address: 10875 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: GILBERT, EBONIE M
Address: 19530 SW 117 CT
City-St-Zip: MIAMI, FL 33177

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: CHARLES PATTERSON P/D 04/17/2008

Electronic Signature of Signing Officer or Director — Date