

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010615

FILED  
Mar 08, 2009  
Secretary of State

**Entity Name:** CITY OF EXCELLENCE MIRACLE CENTER INTERNATIONAL, INC.

**Current Principal Place of Business:**

19821 NW 2ND AVENUE  
SUITE 424  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

19821 NW 2ND AVENUE  
SUITE 424  
MIAMI, FL 33169 US

**New Mailing Address:**

**FEI Number:** 75-3203175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAIRSTON, ELIZABETH A  
19821 NW 2ND AVENUE  
SUITE 424  
MIAMI, FL 33169 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 ( ) Delete  
Name: HAIRSTON, ELIZABETH A  
Address: 19821 NW 2ND AVENUE #424  
City-St-Zip: MIAMI, FL 33169 US

Title: SEC. ( ) Delete  
Name: EVANS, CHARLOTTE  
Address: 19821 NW 2ND AVENUE # 424  
City-St-Zip: MIAMI, FL 33169 US

Title: TRE ( ) Delete  
Name: RAMONE, PRESTON  
Address: 1738 ST. IVES CROSSING  
City-St-Zip: STOCKBRIDGE, GA 30281

**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: ELIZABETH A. HAIRSTN

P

03/08/2009

Electronic Signature of Signing Officer or Director

Date