

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002160

FILED  
May 02, 2008  
Secretary of State

Entity Name: CENTER FOR SELF-SUFFICIENCY, INC.

**Current Principal Place of Business:**

10365 SW 111TH STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10365 SW 111TH STREET  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

CLERMONT, EDELINE B  
10365 SW 111TH STREET  
MIAMI, FL 33176 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: PCEO ( ) Delete  
Name: CLERMONT, EDELINE B  
Address: 10365 SW 111TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: SANSARICQ, MARIE  
Address: 20015 NE 3RD CT  
City-St-Zip: MIAMI, FL 33179

Title: T ( ) Delete  
Name: MONDESTIN, JOSEPH J  
Address: 18920 NW 19 AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

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

**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:

Title: S ( ) Change (X) Addition  
Name: LOPEZ, ALINA  
Address: 1123 SW 29 AVE  
City-St-Zip: MIAMI, FL 33135

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: EDELINE B CLERMONT

O/D

05/02/2008

Electronic Signature of Signing Officer or Director

Date