

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90053 044 \*\*\*\*61.25

**DOCUMENT # N06000007090**

1. Entity Name

COMMUNITY LIFE CENTER OF MIAMI INC.



Principal Place of Business

10711 SW 216 STREET  
112  
MIAMI FL 33170

Mailing Address

PO BOX 343494  
FLORIDA CITY FL 33034



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0671692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOS, ESTER L  
1720 SOUTH GOLDENEYE LANE  
HOMESTEAD FL 33035

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RIOS, ALFREDO J	
STREET ADDRESS	1720 SOUTH GOLDENEYE LANE	
CITY- ST- ZIP	HOMESTEAD FL 33035	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MONTAS, NARCISO	
STREET ADDRESS	10809 SW 225 TERR	
CITY- ST- ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIOS, ESTER	
STREET ADDRESS	1720 SOUTH GOLDENEYE LANE	
CITY- ST- ZIP	HOMESTEAD FL 33035	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, SHELIA	
STREET ADDRESS	13834 SW 162 TERR	
CITY- ST- ZIP	MIAMI FL 33177	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE JESUS, IRIS	
STREET ADDRESS	9117 NW 190 TERR	
CITY- ST- ZIP	MIAMI FL 33018	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICARLO, JOSE	
STREET ADDRESS	11241 SW 180 STREET	
CITY- ST- ZIP	MIAMI FL 33157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Ester L. Rios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #