

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002490

FILED
Apr 28, 2008
Secretary of State

Entity Name: WOMEN ENJOYING LIVING LIFE, INC.

Current Principal Place of Business:

2100 NW 154 STREET
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2100 NW 154 STREET
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 01-0890697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROOMS, ANGELA M
2100 NW 154 STREET
OPA-LOCKA, FL 33054 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: CROOMS, ANGELA M
Address: 2100 NW 154 ST
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: WEST, TARA
Address: 417 NE 191ST
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SCONIERS, JACQUELLE
Address: 3961 NW 187 ST
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D () Delete
Name: CLARK, GINA
Address: 18301 NW 38 AVE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D () Delete
Name: FRANCIS, MONIQUE
Address: 17356 SW 21 ST
City-St-Zip: MIRAMAR, FL 33029

Title: D (X) Delete
Name: THOMAS, MONA
Address: 18120 NW 42 AVE
City-St-Zip: MIAMI GARDENS, FL 33055

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: () 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: ANGELA CROOMS

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date