

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002622

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: C.E.O FOUNDATION INC.

## Current Principal Place of Business:

12160 NE 8 AVENUE  
2  
NORTH MIAMI, FL 33161 US

## Current Mailing Address:

12160 NE 8 AVENUE  
2  
NORTH MIAMI, FL 33161 US

## New Principal Place of Business:

16178 NE 19 PLACE  
1  
NORTH MIAMI BEACH, FL 33162 US

## New Mailing Address:

16178 NE 19 PLACE  
1  
NORTH MIAMI BEACH, FL 33162 US

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

## Name and Address of Current Registered Agent:

HONER, ASHANTI D  
12160 NE 8 AVENUE  
2  
NORTH MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

HONER, ASHANTI D  
16178 NE 19 PLACE  
1  
NORTH MIAMI BEACH, FL 33162 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: ASHANTI HONER

04/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HONER, ASHANTI  
Address: 12160 NE 8 AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP ( ) Delete  
Name: WYNN, CHAMONA  
Address: 1350 NW 191 STREET  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: SECR ( ) Delete  
Name: ROLLE, DE ARDRA  
Address: 5134 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: TREA ( ) Delete  
Name: NEGRON, DEREK  
Address: 18320 NW 68 AVE UNIT H  
City-St-Zip: HIALEAH, FL 33015 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HONER, ASHANTI  
Address: 16178 NE 19 PLACE #1  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: ASHANTI HONER

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

Date