

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010771

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** CHILDREN EMPOWERMENT INTERNATIONAL CORP.

**Current Principal Place of Business:**

2861 N. W. 19TH STREET  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LENIERE DUVRA  
5516 NW SEPTER DR  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 26-3781065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUVRA, LENIERE  
5516 NW SEPTER DR  
PORT ST LUCIE, FL 34983 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  
Name: DUVRA, LENIER  
Address: 5516 NW SEPTER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP  
Name: CHERISOL, BURNET  
Address: 601 SW JORDIN AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T  
Name: BOILEAU, FRANCIUS  
Address: 5251 GOLDEN GATE PARKWAY STE F  
City-St-Zip: NAPLES, FL 34116

Title: S  
Name: ALCENAT, SAUREL  
Address: 4135 TORRES CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: LENIERE DUVRA

P

03/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date