

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001473

FILED
Apr 11, 2011
Secretary of State

Entity Name: BRUISED BUT NOT BROKEN EMPOWERMENT CENTER INC.

Current Principal Place of Business:

18520 NW 67 AVE SUITE 365
HIALEAH, FL 33015

New Principal Place of Business:

5435 NW 10 CT SUITE 107
PLANTATION, FL 33311

Current Mailing Address:

18520 NW 67 AVE SUITE 365
HIALEAH, FL 33015

New Mailing Address:

5435 NW 10 CT SUITE 107
PLANTATION, FL 33311

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, NORICE L
18520 NW 67 AVE SUITE 365
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

GAYLE, MICHELLE B
5435 NW 10 CT SUITE 107
PLANTATION, FL 33311 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: MICHELLE B GAYLE

04/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GAYLE, MICHELLE B
Address: 5435 NW 10 CT SUITE 107
City-St-Zip: PLANTATION, FL 33311

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: MICHELLE GAYLE

DIR

04/11/2011

Electronic Signature of Signing Officer or Director

Date