

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2004
Secretary of State**

DOCUMENT# N96000002031

Entity Name: THE CENTER FOR POSITIVE CONNECTIONS, INC.

Current Principal Place of Business:

12570 N.E. 7TH AVE
#104
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

12570 N.E. 7TH AVE
#104
NORTH MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0669709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAPLAN, SHERI
12570 N.E. 7TH AVE
#104
NORTH MIAMI, FL 33161 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: VP () Delete
Name: PHILIPS, ARNETTA E
Address: 1201 N.W. 16TH STREET (D-610C)
City-St-Zip: MIAMI, FL 33125

Title: P () Delete
Name: PELAYO, JOSE A
Address: 6767 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: HARRIS, LAWRENCE J
Address: 160 CYPRESS CLUB DR #609
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: FERRER, LUIGI
Address: 6700 SW 52ND STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: OPPENHEIM, LIZ
Address: 1699 SW 27TH AVE
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: NEWMAN, DAVID P
Address: 2470 TRAPP AVE
City-St-Zip: MIAMI, FL 33133

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 for the exemption stated in Section 119.07(3)(i), 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: JOSE A. PELAYO

P

02/17/2004

Electronic Signature of Signing Officer or Director

_____ Date