

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002031

FILED  
Jul 07, 2007  
Secretary of State

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:

8642 NE 2ND AV  
EL PORTAL, FL 33138 US

## Current Mailing Address:

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

## New Mailing Address:

8642 NE 2ND AV  
EL PORTAL, FL 33138 US

FEI Number: 65-0669709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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:

JIM, KONSCHNIK  
8642 NE 2ND AV  
EL PORTAL, FL 33138 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: JIM KONSCHNIK

07/07/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP      (X) Delete  
Name: RIASCOS, JUAN C  
Address: 1500 NW 12 AVE., 8 WEST  
City-St-Zip: MIAMI, FL 33136

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

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

Title: D      (X) Delete  
Name: KONSCHNIK, JIM  
Address: 1475 NW 14 AVE.  
City-St-Zip: MIAMI, FL 33125

Title: S      ( ) Delete  
Name: STROY-MARTIN, CRICI  
Address: 8309 NW 22ND AVE.  
City-St-Zip: MIAMI, FL 33147

Title: D      ( ) Delete  
Name: PHILLIPS, ARNETA E  
Address: 1201 NW 16 STREET, #D610C  
City-St-Zip: MIAMI, FL 33125

## 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: D      (X) Change ( ) Addition  
Name: ZARRANZ, JOE  
Address: 8642 NE 2ND AV  
City-St-Zip: MIAMI, FL 33138

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: CRICI STROY-MARTIN

S

07/07/2007

Electronic Signature of Signing Officer or Director

Date