

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002031

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: THE CENTER FOR POSITIVE CONNECTIONS, INC.

**Current Principal Place of Business:**

8642 NE 2ND AV  
EL PORTAL, FL 33138 US

**New Principal Place of Business:**

3841 NE 2ND AVE  
203  
MIAMI, FL 33137 US

**Current Mailing Address:**

8642 NE 2ND AV  
EL PORTAL, FL 33138 US

**New Mailing Address:**

8309 NW 22ND AVE  
MIAMI, FL 331474101 US

FEI Number: 65-0669709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

CRICI, STROY-MARTIN  
8309 NW 22ND AVE  
MIAMI, FL 331474101 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: CRICI STROY-MARTIN

02/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**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:

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

02/20/2008

Electronic Signature of Signing Officer or Director

Date