2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004352

1. Entity Name
CENTER FOR LIFE ENRICHMENT, INC.

Principal Place of Business	Mailing Address
3141 MCDONALD ST COCONUT GROVE, FL 33133 US	P O BOX 331503 COCONUT GROVE, FL 33233 US

03292004 No Chg-NP   CR2E037 (10/03)

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4. FEI Number	Applied For
65-0691641	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEBBERD, BARBARA REV
3141 MCDONALD ST
COCONUT GROVE, FL 33133-ND

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000136150 04/28/04-80084-002 61.25

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	HEBBERD, BARBARA	
STREET ADDRESS	3141 MCDONALD ST	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VD	
NAME	HARRISON, PAUL	
STREET ADDRESS	251 WEST PROSPECT ROAD	
CITY-ST-ZIP	OAKLAND PARK, FL 33304	
TITLE	SD	
NAME	BEHFAR, LAURA	
STREET ADDRESS	16250 NE 2ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _Barbara Hobbard_ BARBARA HEBBERD Apr.25,2004 (305) 448-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #