

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State



DOCUMENT # N96000004352

1. Entity Name

CENTER FOR LIFE ENRICHMENT, INC.

Principal Place of Business

3141 MCDONALD ST
 COCONUT GROVE FL 33133
 US

Mailing Address

P O BOX 331503
 COCONUT GROVE FL 33233
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

65-0691641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME HEBBERD, BARBARA
 STREET ADDRESS 3141 MCDONALD ST
 CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE Change Addition
 NAME
 STREET ADDRESS 000000707439
 CITY-ST-ZIP 04/24/07-80072-025 61.25

TITLE VD Delete
 NAME HARRISON, PAUL
 STREET ADDRESS 888 INTRACOASTAL DRIVE 15 F
 CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME BEHFAR, LAURA
 STREET ADDRESS 16250 NE 2ND AVENUE
 CITY-ST-ZIP MIAMI FL 33162

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Heberd

April 10, 2007 305-448-8555