



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90166 031 \*\*\*\*61.25

<b>DOCUMENT # N96000004779</b> 1. Entity Name <b>MINORITY DEVELOPMENT AND EMPOWERMENT, INC.</b>					
Principal Place of Business <b>871 W OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 US</b>			Mailing Address <b>871 W OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 US</b>		
2. Principal Place of Business - No P.O. Box # <b>871 W Oakland Park Blvd</b>		3. Mailing Address <b>871 W Oakland Park Blvd</b>		<b>40033434</b> 	
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>		04032007 Chg-NP CR2E037 (12/06)	
City & State <b>Oakland Park, FL 33311</b>		City & State <b>Oakland Park, FL 33311</b>		4. FEI Number <b>65-0693623</b>	
Zip <b>33311</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LECONTE, FRANCOIS 1703 N. ANDREWS SQUARE FORT LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name <b>Leconte, Francois</b> Street Address (P.O. Box Number is Not Acceptable) <b>871 W. Oakland Park Blvd. Suite 300</b> City <b>Oakland Park, FL 33311</b>	
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. <div style="text-align: center;"> <b>Change of address only</b> </div>					
SIGNATURE <u><b>Francois Leconte</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				4/5/07 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LECONTE, FRANCOIS 16280 NW 17TH STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CZERWONKA, PAUL 1703 N ANDREWS SQUARE FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIEDEL, MARY 200 E LAS OLAS BLVD FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, LEVI 200 SE 13TH STREET FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Lynch, Ruth 2060 NW 48th Terrace, 207 Lauderhill, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Arenson, Gary 2525 Embassy Dr South, Suite 5 Cooper City, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Lynch, Ruth 2060 NW 48th Terrace, 207 Lauderhill, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><b>Francois Leconte</b></u> <b>4/5/07</b> <b>(954) 315-4530</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					