


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90018 022 \*\*\*\*61.25

|   |  |                           |  |   |                                    |
|---|--|---------------------------|--|---|------------------------------------|
| <b>DOCUMENT #</b> N96000004779  |  |                           |  |  |                                    |
| <b>1. Entity Name</b><br>MINORITY DEVELOPMENT AND EMPOWERMENT, INC.   |  |                           |  |   |                                    |
| <b>Principal Place of Business</b><br>3075 WEST OAKLAND PARK BLVD, SUITE 205<br>OAKLAND PARK, FL 33311 US   |  |                           | <b>Mailing Address</b><br>3075 WEST OAKLAND PARK BLVD, SUITE 205<br>OAKLAND PARK, FL 33311 US                              |   |                                    |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b> |  |   |                                    |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.       |  |   |                                    |
| City & State  |  | City & State              |  |   |                                    |
| Zip   | Country                                    | Zip                       | Country  | <b>4. FEI Number</b><br>65-0693623  |                                    |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                           |  | <b>\$8.75 Additional Fee Required</b>   |                                    |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                           | <b>7. Name and Address of New Registered Agent</b>   |   |                                    |
| LECONTE, FRANCOIS<br>871 W. OAKLAND PARK BLVD<br>SUITE 300<br>OAKLAND PARK, FL 33311  |  |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>3075 West Oakland Blvd<br>Suite 205<br>Oakland Park FL 33311 |   |                                    |
| 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 _____ DATE <u>4/2/08</u>   |   |                                    |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>                                 |   | <b>\$5.00 May Be Added to Fees</b> |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |                                    |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>LECONTE, FRANCOIS<br><b>STREET ADDRESS</b><br>16280 NW 17TH STREET<br><b>CITY-ST-ZIP</b><br>PEMBROKE PINES, FL 33028   | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| <b>TITLE</b><br>CD<br><b>NAME</b><br>CZERWONKA, PAUL<br><b>STREET ADDRESS</b><br>871 W. OAKLAND PARK BLVD, SUITE 300<br><b>CITY-ST-ZIP</b><br>OAKLAND PARK, FL 33311  | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |                                    |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>ALBEE, JON<br><b>STREET ADDRESS</b><br>1101 NE 34 CT<br><b>CITY-ST-ZIP</b><br>OAKLAND PARK, FL 33316   | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| <b>TITLE</b><br>VCD<br><b>NAME</b><br>LYNCH, RUTH<br><b>STREET ADDRESS</b><br>2060 NW 48TH TERRACE, 207<br><b>CITY-ST-ZIP</b><br>LAUDERHILL, FL 33313   | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                                    |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>ARENSEN, GARY<br><b>STREET ADDRESS</b><br>2525 EMBASSY DR SOUTH, SUITE 5<br><b>CITY-ST-ZIP</b><br>COOPER CITY, FL 33026  | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |                                    |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| <b>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 other person 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 an officer-like empowered.</b> |  |                           |  |   |                                    |
| <b>SIGNATURE:</b> _____   |  |                           | Date <u>4/2/08</u> Daytime Phone # _____   |   |                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |                           |  |   |                                    |