

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007245

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** CENTER FOR ADVANCEMENT RESTORATION AND EMPOWERMENT, INC.

**Current Principal Place of Business:**

651 NW 183RD ST  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

651 NW 183RD ST  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0895687      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STEWART, SYDNEY S MR  
1271 NW 175 TERRACE  
MIAMI, FL 33169 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GARRICK, HAROLD MR  
Address: 4123 OPEN WAY  
City-St-Zip: COOPER CITY, FL 33026

Title: P ( ) Delete  
Name: STEWART, S. ROBERT  
Address: 1271 NW 175TH STREET  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: HORTON, VERNICE MRS  
Address: 14650 NW 15TH DRIVE  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: MCNAUGHT, MAIZE  
Address: 647 NW 183RD ST  
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete  
Name: GREY, MARSHA MS  
Address: 8877 NORTH ISLE DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: MILLER, WINSTON  
Address: 1040 SW 100TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

**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:

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: WINSTON MILLER

D

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date