2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N98000007245

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: SYDNEY STEWART P 05/06/2009

Electronic Signature of Signing Officer or Director — Date