


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90011 024 ****70.00

DOCUMENT # N99000004075	
1. Entity Name COMMUNITY ENRICHMENT, INC.	

Principal Place of Business 26543 S.W. 122ND. PLACE PRINCETON, FL 33032	Mailing Address 26543 S.W. 122ND. PLACE PRINCETON, FL 33032
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54073637



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09102004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MENDOLA, RONALD J 26543 S.W. 122ND. PLACE PRINCETON, FL 33032

7. Name and Address of New Registered Agent
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 *Ronald J Mendola*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DV MENDOLA, RONALD J 26543 S.W. 122ND. PLACE PRINCETON, FL 33032	
P MENDOLA, TRACY E 26543 S.W. 122ND. PLACE PRINCETON, FL 33032	<input type="checkbox"/> Delete
D GARCIA, CHRISTINA 26507 SW 126 AVE PRINCETON, FL 33032	<input type="checkbox"/> Delete
D DIAZ, AMADO 16143 N 15 STREET HOLLYWOOD, FL 33028	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D ED CAREY 11040 SW 172nd Ter. Miami, FL 33157	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tracy Mendola* 9-10-04 305-479-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #