

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000044001

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** THE CENTER FOR THE ADVANCEMENT OF FAMILIES, INC.

**Current Principal Place of Business:**

1630 NW 114 AVENUE  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1630 NW 114 AVENUE  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 26-2612262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BACHE, LAWRENCE D ESQ.  
9000 WEST SHERIDAN STREET  
SUITE 174  
PEMBROKE PINES, FL 33024 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:** PSTD  
**Name:** CABRERA, JANE  
**Address:** 1630 NW 114 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** VD  
**Name:** CABRERA, NELSON  
**Address:** 1630 NW 114 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33026

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JANE CABRERA

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04/10/2011

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

\_\_\_\_\_  
Date