

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006381

1. Entity Name
SOUTH FLORIDA ECONOMIC EMPOWERMENT, INC



Principal Place of Business
**5555 NORTHWEST 95 AVENUE
SUNRISE, FL 33351 US**

Mailing Address
**5555 NORTHWEST 95 AVENUE
SUNRISE, FL 33351 US**



03142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0792593

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, HENRY
5555 NORTHWEST 95 AVENUE
SUNRISE, FL 33351**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000475966
04/05/06-80038-004 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
FERNANDEZ, HENRY
5555 NORTHWEST 95 AVENUE
SUNRISE, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAUNDERS, SHAWN
3738 CONDOR COURT
WESTON, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SIMS, EDDIE
7951 SW 7TH CT
N LAUDERDALE, FL 33066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANKERSON, BRIAN
8741 SW 14TH ST
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PESSOA, PAUL
15624 SOUTHWEST 53 COURT
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian S. Hankerson

3/15/06

954-600-0592

Date

Daytime Phone #