2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 747480

1. Entity Name
PROJECT STOPPP, INC.

Principal Place of Business	Mailing Address
520 N W 72ND LANE MIAMI, FL 33238-0152 US	P.O. BOX 380152 MIAMI, FL 33238-0152 US

01132007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1965184
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORANGE, CLEOPHUS
951 NW 46TH ST
MIAMI, FL 33127

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	JOHNSON, BERNICE
STREET ADDRESS	8471 NW 5TH CRT
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	VD
NAME	RAMSEY, DAVID
STREET ADDRESS	15255 NW 82ND AVE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	PDC
NAME	WALLACE, MAURICE
STREET ADDRESS	110 PACES BROOK AVE APT 11012
CITY-ST-ZIP	COLUMBIA, SC 29212
TITLE	M
NAME	ORANGE, CLEO
STREET ADDRESS	951 NW 46TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/07-80041-022 70.00

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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: Cleo Orange CLEO ORANGE 1/22/07 (305)751-7061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #