

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90138 006 ****70.00

DOCUMENT # 747480

1. Entity Name
PROJECT STOPPP, INC.



Principal Place of Business
**520 NW 72ND LANE
MIAMI, FL 33238-0152 US**

Main Address
**P.O. BOX 380152
MIAMI, FL 33238-0152 US**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1965184

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**ORANGE, CLEOPHUS
951 NW 48TH ST
MIAMI, FL 33127**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STD
JOHNSON, BERNICE
485 NW 84TH LANE
MIAMI, FL 00000.**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
SNOW, ROBERT
8015 SW 198TH TERRACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
HOOKS, JUANITA
16914 NW 52 PL
MIAMI, FL 00000.**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**~~D~~
~~DAVIS, FREDDIE L.~~
~~1360 NW 68TH STREET~~
~~MIAMI, FL 00000.~~**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PDC
WALLACE, MAURICE
9190 BISCAYNE BLVD SUITE 202
MIAMI SHORES, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**M
ORANGE, CLEO
951 NW 48TH STREET
MIAMI, FL 33127**

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IN THIS SPACE**

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: Cleo Orange **CLEO ORANGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 **(305) 751-7061**

Date

Daytime Phone #