## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002559

Entity Name: THE PORTRAIT OF EMPOWERMENT, INC.

FILED Apr 24, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13724 NW 22 PL OPA LOCKA, FL 33054 US **Current Mailing Address: New Mailing Address:** 13724 NW 22 PLACE OPA LOCKA, FL 330544002 US FEI Number: 65-0997665 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH-JOHNSON, DOROTHY 13724 NW 22 PLACE OPA LOCKA, FL 33054 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SMITH-JOHNSON, DOROTHY Name: Name: 13724 NW 22 PLACE Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: SD Title: SDT () Delete (X) Change ( ) Addition Name: LEE, CYNTHIA Name: LEE, CYNTHIA Address: 1334 SW 119 AVE #114 Address: 1334 SW 119 AVE #114 City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 Title: () Delete Title: (X) Change ( ) Addition ADDISON, CLIFTON Name: TOURGEMAN, RACHEL Name: 20027 NW 64 PL Address: Address: 9548 ABBOTT AVE City-St-Zip: HIALEAH, FL 33015 City-St-Zip: MIAMI, FL 33154 Title: VΡ ( ) Delete Title: () Change () Addition Name: KEITH, GLORIA J Name: Address: 21473 SW 91 AVE Address: City-St-Zip: MIAMI, FL 33189 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LAVAN, DANIEL WRIGHT, JAMES LT. Name: Name: 8126 NW 162 ST. 3811 NW 176 TERRACE Address: Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: OPA LOCKA, FL 33055 Title: () Delete Title: (X) Change ( ) Addition TANG, VENGHAN ELLIS, PATRICIA Name: Name: Address: 1146 DUNAH AVE Address: 8401 SW 107 AVENUE #254 E MIAMI, FL 33173 OPA LOCKA, FL 33054 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY SMITH-JOHNSON P 04/24/2004

NATASHA REESE, DIRECTOR 1320 NW 174 STREET MAIMI, FL 33169

DANIEL LAVAN, CHAIRPERSON 8126 NW 162 STREET HIALEAH, FL 33016

RICARRDO SPENCER, VICE CHAIRPERSON 20824 NW 20 STREET PEMBROKE PINES, FL 33025