
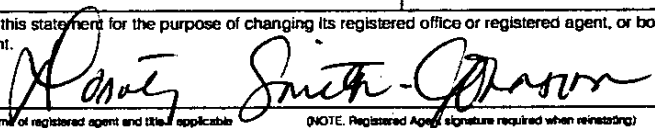
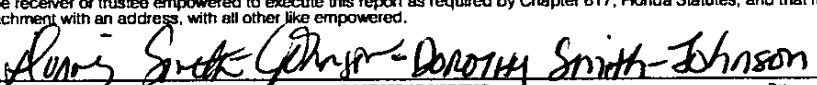


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90049 025 ****61.25

DOCUMENT # N00000002559							
1. Entity Name THE PORTRAIT OF EMPOWERMENT, INC.							
Principal Place of Business 13724 NW 22 PL OPA LOCKA, FL 33054 US			Mailing Address 13724 NW 22 PLACE OPA LOCKA, FL 33054-4002 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 65-0997665				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SMITH-JOHNSON, DOROTHY 13724 NW 22 PLACE OPA LOCKA, FL 33054			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 2/18/05				
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH-JOHNSON, DOROTHY		NAME	Christopher E. Benjamin, Esq			
STREET ADDRESS	13724 NW 22 PLACE		STREET ADDRESS	19 West Hagler St, Suite 705			
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Miami, FL 33130			
TITLE	SDT	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEE, CYNTHIA		NAME	Natasha REESE			
STREET ADDRESS	1334 SW 119 AVE #114		STREET ADDRESS	1320 NW 174st			
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP	Miami Gardens, FL 33169			
TITLE	D	<input type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOURGEMAN, RACHEL		NAME	Daniel Lavan			
STREET ADDRESS	9548 ABBOTT AVE		STREET ADDRESS	8126 NW 162st			
CITY-ST-ZIP	MIAMI, FL 33154		CITY-ST-ZIP	Hialeah, FL 33016			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KEITH, GLORIA J		NAME	Ricardo Spencer			
STREET ADDRESS	21473 SW 91 AVE		STREET ADDRESS	11443 Hibbs Grove Dr			
CITY-ST-ZIP	MIAMI, FL 33189		CITY-ST-ZIP	Cooper City, FL 33330			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, JAMES LT.		NAME				
STREET ADDRESS	3811 NW 176 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	OPA LOCKA, FL 33055		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TANG, VENGHAN		NAME				
STREET ADDRESS	8401 SW 107 AVENUE #254 E		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			DATE: 2/18/05		(305) 688-7350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		