


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90060 036 ****70.00

DOCUMENT # N00000002559 1. Entity Name THE PORTRAIT OF EMPOWERMENT, INC.					
Principal Place of Business 780 FISHERMAN STE 328 OPA LOCKA, FL 33054 US				Mailing Address 13724 NW 22 PL OPA LOCKA, FL 33054-4002 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13724 NW 22 PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Opq-Locka			
Zip	Country	Zip 33054-4002	Country US	4. FEI Number 65-0997665	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH-JOHNSON, DOROTHY 13724 NW 22 PLACE OPA LOCKA, FL 33054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <i>[Signature]</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 7/2/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH-JOHNSON, DOROTHY 13724 NW 22 PLACE OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CARLA Jones 1999 SW 27 AVE, 1st Floor Miami, FL 33145
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LEE, CYNTHIA 1334 SW 119 AVE #114 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CARLTON G. Asher 1730 NW 74th Miami, FL 33147
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOURGEMAN, RACHEL 9548 ABBOTT AVE MIAMI, FL 33154	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kenneth Kilpatrick 7735 NW 22 AVE Miami, FL 33147
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICARRADO, SPENCER 11443 HIBBS GROVE DR FORT LAUDERDALE, FL 33304444	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ayush G. Agrawal 1625 Eagle Bend Weston, FL 33327
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVING, DONALD 15105 NW 37 AVE OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANG, VENGHAN 8401 SW 107 AVENUE #254 E MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/2/08 Daytime Phone #: (35) 3088690		