

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90143 036 ****66.25

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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

00154710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0997665**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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

Dorothy Johnson (Signature) *4/30/03* (Date)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	PO President	<input type="checkbox"/> Delete
NAME	SMITH-JOHNSON, DOROTHY	
STREET ADDRESS	13724 NW 22 PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	SO Secretary	<input type="checkbox"/> Delete
NAME	LEE, CYNTHIA	
STREET ADDRESS	1334 SW 119 AVE #114	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	T Treasurer	<input type="checkbox"/> Delete
NAME	ADDISON, CLIFTON	
STREET ADDRESS	20027 NW 64 PL	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VP Vice-President	<input type="checkbox"/> Delete
NAME	KEITH, GLORIA J	
STREET ADDRESS	21473 SW 91 AVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	AS Director	<input type="checkbox"/> Delete
NAME	LAVAN, DANIEL	
STREET ADDRESS	8126 NW 162 ST.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D Director	<input type="checkbox"/> Delete
NAME	ELLIS, PATRICIA	
STREET ADDRESS	1146 DUNAH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 empowerments.

SIGNATURE:

Dorothy Johnson (Signature)

4/30/03 (305) 688-7350 (Date and Phone Number)

CR2E037 (10/02)