

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000000712

1. Entity Name
 SANDOR WIENER SCHOOL OF OPPORTUNITY, INC.



Principal Place of Business
 5555 BISCAYNE BLVD
 MIAMI, FL 33137

Mailing Address
 5555 BISCAYNE BLVD
 MIAMI, FL 33137



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3614379 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MESSER, MICHAEL
 5555 BISCAYNE BLVD
 MIAMI, FL 33137

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/06

Filing Fee is \$61.25
 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

100000381750
 01/11/06-20067-017 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME SALAZAR-REALINI, HELEN
 STREET ADDRESS 5555 BISCAYNE BLVD
 CITY-ST-ZIP MIAMI, FL 33137

TITLE VD
 NAME KIRSH, WILLIAM DR.
 STREET ADDRESS 5555 BISCAYNE BLVD
 CITY-ST-ZIP MIAMI, FL 33137

TITLE STD
 NAME WIENER, LARRY
 STREET ADDRESS 5555 BISCAYNE BLVD
 CITY-ST-ZIP MIAMI, FL 33137

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 lines empowered.

SIGNATURE:

William D. Kirsh, Dr. MPH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/06/06