


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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

DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000930856
 05/21/08-80126-001 70.00

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	D
NAME	BETHANY, SANDS
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	

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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: Michael Messer 4/22/08 308-759-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #