

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N05000010551

1. Entity Name
HALL OF BRAINS INC.



Principal Place of Business
**15820 NW 18 COURT
MIAMI GARDENS, FL 33054**

Mailing Address
**15820 NW 18 COURT
MIAMI GARDENS, FL 33054**



04162007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARE, AURIANTA P
15820 NW 18 COURT
MIAMI GARDENS, FL 33054**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000726927
05/04/07-80026-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARE, AURIANTA P
STREET ADDRESS	15820 NW 18 COURT
CITY-ST-ZIP	MIAMI GARDENS, FL 33054
TITLE	D
NAME	SHIPP, CLEMENTON
STREET ADDRESS	2930 NW 186 TERRACE
CITY-ST-ZIP	MIAMI GARDENS, FL 33055
TITLE	D
NAME	CLARKE, SHEILA
STREET ADDRESS	16900 NW 19TH AVE
CITY-ST-ZIP	MIAMI GARDENS, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE:

Aurianta P. Ware - Aurianta P. Ware - 4/17/07 - (305) 621-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #