

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
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**



03302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (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

U000000911123
05/07/08-80026-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, AURIANTA P 15820 NW 18 COURT MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPP, CLEMENTON 2930 NW 186 TERRACE MIAMI GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, SHEILA 16900 NW 19TH AVE MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 - 4/17/08 - 305-621-0966*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #