2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008661

Entity Name: PRO-POPS FOUNDATION INC

FILED Apr 05, 2010 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

4187 NE 9TH STREET 4985 PONCE DELEON DRIVE HOMESTEAD, FL 33033 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

4187 NE 9TH STREET 4985 PONCE DELEON DRIVE HOMESTEAD, FL 33033 CORAL GABLES, FL 33146

FEI Number: 26-0842388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A.R.S. & ASSOCIATES INC 20810 WEST DIXIE HIGHWAY

NORTH MIAMI BEACH, FL 33180 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: TD

Name: WADE SR., DWYANE T CEO Address: 4187 NE 9TH STREET City-St-Zip: HOMESTEAD, FL 33033

Title: P

Name: BELLAMY, ERNEST Address: 4187 NE 9TH STREET City-St-Zip: HOMESTEAD, FL 33033

Title: CO-P

Name: ROBINSON, DALE
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: VP

 Name:
 SANDERS, JEFF

 Address:
 4187 NE 9TH STREET

 City-St-Zip:
 HOMESTEAD, FL 33033

Title: [

 Name:
 ANDREINI, LARRY

 Address:
 4187 NE 9TH STREET

 City-St-Zip:
 HOMESTEAD, FL 33033

Title: [

Name: ANDREWS, MARCUS
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: D. WADE SR. CEO 04/05/2010