

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90071 046 ****61.25

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1. Entity Name
**HOLLYWOOD EDUCATION AND LITERACY PROJECT
MIAMI, INC.**



Principal Place of Business

**13828 SW 56 ST.
MIAMI, FL 33175**

Mailing Address •

**13828 SW 56 ST.
MIAMI, FL 33175**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0876629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIPSON, SAUL B.
1515 UNIVERSITY DRIVE
SUITE 222
CORAL SPRINGS, FL 33071**

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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 \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/T
LIPSON, SAUL
1515 UNIVERSITY DR. #220
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
RIVERA, BARBARA B
5512 SW 154 CT
MIAMI, FL 33185**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BATALHA, TAMARA R
15863 SW 77 ST
MIAMI, FL 33193**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 Jan 05 305 752 4003