

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/2

DOCUMENT # P04000049798

1. Entity Name
SOUTH FLORIDA LITERACY INSTITUTE, INC.



FILED

2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/25/07 90055 009 150.00



Principal Place of Business
761 NW 197TH TERR
MIAMI, FL 33169

Mailing Address
761 NW 197TH TERR
MIAMI, FL 33169

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

201547532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOPPING, MARSHANELL
210 NE 124ST
NORHT MIAMI, FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOPPING, MARSHANELL 761 NW 197TH TERR MIAMI, FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES, SHARON 761 NW 197TH TERR MIAMI, FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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]

8/15/07

8/22

2/2

**SOUTH FLORIDA LITERACY INSTITUTE
761 NW 197TH TERR
MIAMI, FL 33169-3159
305-303-4138**

Florida Dept. Of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, Florida 32314

Dear Sirs:

This letter is in response to the Notice of Intent to Cancel. I did not receive the letter dated February 5, 2007. I was inform by one of you agents that this letter was requesting the FEI number, which was inadvertently left off the original annual report.

I have completed a new form with this information that was missing and was told that there would not be an additional fee.

Thank you.

Sincerely,



Marshanell Topping