

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 26, 2019
Secretary of State
8780854025CC

Entity Name: DEVELOPING DREAMS FOUNDATION INC.

Current Principal Place of Business:

9715 W. BROWARD BLVD
186
PLANTATION, FL 33324

Current Mailing Address:

9715 W. BROWARD BLVD
186
PLANTATION, FL 33324 US

FEI Number: 74-3237801

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MALCO, AARON
7536 NW 3RD ST
PLANTATION, FL 33317 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

_____ Date

Officer/Director Detail :

Title CEO, DIRECTOR
Name MALCO, AARON
Address 9715 W. BROWARD BLVD
#186
City-State-Zip: PLANTATION FL 33324

Title EXECUTIVE SECRETARY
Name CARTER, CLAUDINE
Address 1854 TAMARIND LANE,
City-State-Zip: COCONUT CREEK FL 33063

Title SECRETARY
Name SAMSPON, SHARON
Address 8564 CARAMBOLA WAY
City-State-Zip: COCONUT CREEK FL 33065

Title OFFICER
Name COLE, SOLOMON LJ
Address 13940 LAUREL CANYON BLVD
801
City-State-Zip: STUDIO CITY CA 91604

Title OFFICER
Name BENJAMIN, KENNETH
Address 1309 NW 9TH AVE.
City-State-Zip: DEERFIELD BEACH FL 33441

Title OFFICER
Name YEBOAH, DANIEL
Address 5407 CANIPE FARM CT.
City-State-Zip: CHARLOTTE NC 28269

Title OFFICER
Name SALOMOM, JILL
Address 8751 GATEHOUSE RD. #1
City-State-Zip: PLANTATION FL 33324

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: AARON MALCO

DIRECTOR

01/26/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date