

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000733

**Entity Name:** DEVELOPING DREAMS FOUNDATION INC.

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**0439381470CC**

**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  
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            CHAIRMAN  
Name            BOGGS, RYAN  
Address        3101 N. FEDERAL HWY  
                  STE #400  
City-State-Zip: OAKLAND PARK FL 33306

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**

**PRESIDENT / EXEC.  
DIRECTOR**

**04/19/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date