

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009765

**Entity Name:** PROJECT SAVE IMAGINATION INC.

**Current Principal Place of Business:**

16399 NW 12TH STREET  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

16399 NW 12TH STREET  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 46-1241536

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 DCEO  
Name COLLINS, AISHA  
Address 16399 NW 12TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title DPS  
Name RIVERA, LILA  
Address 16399 NW 12TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name WALTON, KEVIN  
Address 16399 NW 12TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name OGANDA, KATHIA  
Address 16399 NW 12TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** AISHA COLLINS

DCEO

04/02/2014

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

\_\_\_\_\_  
Date