

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2004  
Secretary of State**

DOCUMENT# 718051

Entity Name: HERE'S HELP, INC.

**Current Principal Place of Business:**

15100 N.W. 27TH AVENUE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15100 N.W. 27TH AVENUE  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 59-1298067      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ABRAMSON, HERBERT  
634 FLAGLER STREET  
MIAMI, FL 33130 US

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

ABRAMSON, HERBERT  
310 PONCIANA ISLAND DR.  
SUNNY ISLES BEACH, FL 33160 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:

01/09/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: KROSS, JOHN,  
Address: 11000 NW 18TH STREET  
City-St-Zip: PEMBROKE PINES, FL

Title: VPD ( ) Delete  
Name: KANE, STANFORD,  
Address: 16235 N.E. 11TH CT..  
City-St-Zip: NORTH MIAMI BEAC, FL

Title: SD ( ) Delete  
Name: MENDEZ, IANACIO  
Address: 14341 ARLINTON PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: PD ( ) Delete  
Name: ABRAMSON, HERBERT W  
Address: 310 PONCIANA ISLAND DR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D ( ) Delete  
Name: DELLERSON, RICHARD DR.  
Address: 3401 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: LYNCH, JOHN  
Address: 427 CORAL WAY  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: KANE, STANFORD,  
Address: 16235 N.E. 11TH CT..  
City-St-Zip: NORTH MIAMI BEACH, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN KROSS

TD

01/09/2004

Electronic Signature of Signing Officer or Director

Date