


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 044 ****61.25

DOCUMENT # 718051					
1. Entity Name HERE'S HELP, INC.					
Principal Place of Business 15100 N.W. 27TH AVENUE OPA LOCKA, FL 33054			Mailing Address 15100 N.W. 27TH AVENUE OPA LOCKA, FL 33054		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1298067	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABRAMSON, HERBERT 310 PONCIANA ISLAND DR. SUNNY ISLES BEACH, FL 33160			Name Mrs. Julie Wilson-Watson Street Address (P.O. Box Number is Not Acceptable) 7601 Riviera Boulevard City Miami FL Zip Code 33023		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROSS, JOHN		NAME	Mr. Herbert Abramson	
STREET ADDRESS	11000 NW 18TH STREET		STREET ADDRESS	310 Ponciana Island Dr.	
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP	Sunny Isles Beach, Fl. 33160	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, STANFORD		NAME	Mr. John Lynch	
STREET ADDRESS	16235 N.E. 11TH CT.		STREET ADDRESS	4950 SW 72nd Ave, 2nd Floor	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL		CITY-ST-ZIP	Miami, Fl. 33155	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, IANACIO		NAME		
STREET ADDRESS	14341 ARLINTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMSON, HERBERT W		NAME	Mrs. Julie Wilson-Watson	
STREET ADDRESS	310 PONCIANA ISLAND DR		STREET ADDRESS	7601 Riviera Blvd	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Miami, Fl. 33023	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLERSON, RICHARD DR.		NAME		
STREET ADDRESS	3401 HOLLYWOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, JOHN		NAME	John Kross	
STREET ADDRESS	427 CORAL WAY		STREET ADDRESS	11000 NW 18th Street	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	Pembroke Pines, Fl. 33026	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: _____			Date: 01/09/06		Daytime Phone #: 305-685-8201 ext 222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					