

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
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 US

New Principal Place of Business:

Current Mailing Address:

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

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:

WILSON-WATSON, JULIE
7601 RIVERA BLVD
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: PD () Delete
Name: WILSON-WATSON, JULIE
Address: 7601 RIVERA BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: VPD () Delete
Name: LYNCH, JOHN
Address: 4950 SW 72ND AVE
City-St-Zip: MIAMI, FL 33155 US

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

Title: D () Delete
Name: KANE, STANFORD DR
Address: 16234 NE 11TH COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D () Delete
Name: BOOTH, RICHARD
Address: 1600 NW 163RD STREET
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 exemption stated 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 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: STEVE SAFRON

CFO

01/07/2008

Electronic Signature of Signing Officer or Director

Date