2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # 757185 E. HOUSING, INC.					03-21-200	7 90036	026 ****6	51.25	
5555 BISCAYNE BLVD 93		Mailing Address 935 S.E. 14 STREET HIALEAH, FL 33010	935 S.E. 14 STREET		60026251					
2 Principal S	Diago at Dusiagos No D.O. Day #	2 Mailine Address								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				[IIIBI EJ IBOS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02132007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State			4. FEI Number 59-2101				oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New	Registered	<u> </u>		
SLACHTE	P DAVID		Name				_	-		
14830 DAI	DE PINE AVE KES, FL 33014		Street Address ((P.O. Box Number is Not Acceptable) orca Avenue				
WIIZWII EZ		···	Coral Ga					-		
			City		DICD		FI	Zip Cod		
8. The above	named entity submits this statement	for the purpose of changing its re	Flor	registere	ed agent, or both	in the State of I				
	tions of registered agent	-CQ_	- G			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011007	· · · · · · · · · · · · · · · · · · ·	une decopi	
			D1 3		-1-1		0.2	/16/07		
SIGNATURE			1123777	l Sla	CDTAT		115	716707		
_	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: I	Registered Agent signatu				DATE	120101		
		<u> </u>	Registered Agent signatu	re required	when reinstating)		DATE			
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007	nt and title if applicable. (NOTE: I 9. Election Camp Trust Fund Co	Registered Agent signatu Daign Financing	ure required			DATE	ck payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	Election Camp Trust Fund Co DIRECTORS	Registered Agent signature paign Financing ontribution.	ure required	\$5.00 May Be	Flo	Make checorida Depa	ck payable to	tate	
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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 all other like empowered.

SIGNATURE:

Da

David Slachter

03/17/07 Date

(305) 446-7675

Daytime Phone #