

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008864

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: HOUSING AND ASSISTIVE TECHNOLOGY, INC.

**Current Principal Place of Business:**

2000 TOWERSIDE TERRACE  
#505  
MIAMI, FL 33138

**New Principal Place of Business:**

80 NE 40TH STREET  
REAR  
MIAMI, FL 33137

**Current Mailing Address:**

2000 TOWERSIDE TERRACE  
#505  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 04-3777501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOFSKY, BETH J  
2000 TOWERSIDE TERRACE  
#505  
MIAMI, FL 33138 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: D, P ( ) Delete  
Name: KOFSKY, BETH J  
Address: 2000 TOWERSIDE TERRACE #505  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: OSTROWSKI, DALE  
Address: 1130 NE 100 STREET  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: PRIME, CARL L  
Address: 209 FLORIDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33131

Title: D ( ) Delete  
Name: CHEUNG, MARILYN  
Address: 9610 E CALUSA CLUB DRIVE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: CESARANO, MICHAEL  
Address: 815 DILIDO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BETH KOFSKY

D

03/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date