2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000005108

Entity Name: PROJECT HUG A CHILD, INC.

Current Principal Place of Business:

11043 CHANDLER DR
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

11043 CHANDLER DR
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 20-1416560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNEZ, CRISTINA
11043 CHANDLER DR
COOPER CITY, FL 33026 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: DP ( ) Delete
Name: NUNEZ, CRISTINA
Address: 11043 CHANDLER DR
City-St-Zip: COOPER CITY, FL 33026

Title: DV ( ) Delete
Name: ARZENO, ADELA C
Address: 9401 SW 4TH STREET
City-St-Zip: MIAMI, FL 33174

Title: DT ( ) Delete
Name: ALMANZAR, LUCY
Address: 9805 NW 52 STREET #218
City-St-Zip: MIAMI, FL 33178

Title: DS ( ) Delete
Name: AGUASVIVAS, NANCY
Address: 230 NW 87 AVE #218
City-St-Zip: MIAMI, FL 33172

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:

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: AGUASVIVAS NANCY DS 04/29/2005

Electronic Signature of Signing Officer or Director — Date