## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002806

Entity Name: MINORITY HELP, INC

Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1145 SW 1ST WAY

DEERFIELD BEACH, FL 334416640 US

**Current Mailing Address: New Mailing Address:** 

1145 SW 1ST WAY

DEERFIELD BEACH, FL 334416640 US

FEI Number: 20-2523891 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SAIDE, ALVANIA V 4624 N FEDERAL HWY

LIGHTHOUSE POINT, FL 33064 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

SAIDE, ALVANIA V Name: Name: 4624 N FEDERAL HWY Address: Address:

City-St-Zip: LIGHTHOUSE POINT, FL 33064 US City-St-Zip:

Title: Title: ( ) Delete () Change () Addition

GENTILE, LUCIANA F Name: Name: Address: 6133 NW 45TH AVE Address: City-St-Zip: COCONUT CREEK, FL 33073 US City-St-Zip:

Title: ESQ. () Delete Title: ESQ. (X) Change ( ) Addition

MORANO, MICHAEL S MORANO, MICHAEL S Name: Name: Address: 318 S DIXIE HWY Address: 1167 JASON WAY

City-St-Zip: WEST PALM BEACH, FL 33401 US City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: Title: () Change () Addition ( ) Delete

Name: MORAIS, ALESSANDRA Name: Address: 5025 NW 11TH WAY Address: City-St-Zip: POMPANO BEACH, FL 33064 US City-St-Zip:

Title: () Delete Title: () Change () Addition

SALLES, CARLOS Name: Name: 1414 NE 5TH TERRACE #1 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

CRUZ FLISETE CRUZ FLISETE Name: Name:

Address: 1001 E SAMPLE RD #W8 Address: 2801 NW 9TH TERRACE

POMPANO BEACH, FL 33064 US POMPANO BEACH, FL 33064 US City-St-Zip: 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: ALVANIA VIVIANE SAIDE MRS. 04/30/2008

Electronic Signature of Signing Officer or Director

Date