

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N05000002806

Entity Name: MINORITY HELP, INC

Current Principal Place of Business:

1145 SW 1ST WAY
DEERFIELD BEACH, FL 334416640 US

New Principal Place of Business:

Current Mailing Address:

1145 SW 1ST WAY
DEERFIELD BEACH, FL 334416640 US

New Mailing Address:

FEI Number: 20-2523891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAIDE, ALVANIA V
4624 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 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: P () Delete
Name: SAIDE, ALVANIA V
Address: 4624 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

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

Title: ESQ. () Delete
Name: MORANO, MICHAEL S
Address: 1167 JASON WAY
City-St-Zip: WEST PALM BEACH, FL 33406 US

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

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

Title: D () Delete
Name: CRUZ, ELISETE
Address: 2801 NW 9TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 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: D (X) Change () Addition
Name: SAIDE, FELIPE
Address: 1145 SW 1ST WAY
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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: ALVANIA VIVIANE SAIDE

PD

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date