

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007023

FILED
Apr 23, 2012
Secretary of State

Entity Name: HOMESTEAD'S HELPING HANDS FOR EDUCATION, INC.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD
SUITE 700
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2525 PONCE DE LEON BLVD
SUITE 700
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOTO, EDUARDO M
2525 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES, FL 33134 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
Name: PEREZ, RIGOBERTO IVAN
Address: 790 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: FAIRCLOUGH, PATRICIA
Address: 790 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: PALACIOS, ANA
Address: 790 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: KOSTOWICK, MICHELE
Address: 790 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: GONZALEZ, ADA
Address: 790 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: RIGOBERTO I PEREZ

D

04/23/2012

Electronic Signature of Signing Officer or Director

Date