


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003495
 1. Entity Name
 1262 COOPERATIVE-MODEL HOUSING, INC.



Principal Place of Business 1262 N.W. 5TH STREET MIAMI, FL 33125	Mailing Address 782 NW LEJOUNE ROAD #3 MIAMI, FL 33126
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042B2004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0928086	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODOY, ROBERTO A ESQ.
 782 M.W. LE JEUNE ROAD
 SUITE 3
 MIAMI, FL 33126

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000157196
 05/06/04-80017-006 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA, RAFAEL 1262 N.W. 5TH STREET #1 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOPEZ, HIGINIO 1262 N.W. 5TH STREET #2 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CHAVEZ, GREGORIA 1262 N.W. 5TH STREET #3 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RIVERA, MERCEDES 1262 N.W. 5TH STREET #4 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD LORENZO, ALEIDA 1262 N.W. 5TH STREET #5 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALEZ, INES M 1262 N.W. 5TH STREET #5 MIAMI, FL 33126

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ines M. Gonzalez Ines M. Gonzalez President 4/28/04 305-445-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #