## 2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N98000003495

1. Entity Name

1262 COOPERATIVE-MODEL HOUSING, INC.



Principal Place of Business

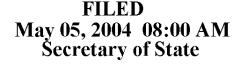
1262 N.W. 5TH STREET MIAMI, FL 33125 Mailing Address

782 NW LEIOUNE ROAD

#3

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33126





04282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0928086 Applied For Not Applicable

5. Certificate of Status Desired

\$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

MAME GONZALEZ, INES M
STREET ADDRESS 1262 N.W. 5TH STREET #5

CHY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the one of registered agent.	purpose of changing its registered or	fice or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed of printed name of registered agent and till	le if applicable (NOTE Registered Age	nt signature	s required when reinstating)	DATE :
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing     Trust Fund Contribution.	· 🗆	\$5.00 May Be Added to Fees	.000000157196 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		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VSD CHAVEZ, GREGORIA 1262 N.W. 5TH STREET #3 MIAMI, FL 33125				
NTLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIVERA, MERCEDES 1262 N.W. 5TH STREET #4 MIAMI, FL 33125				
HTLE NAME STREET ADDRESS CITY-ST-ZXP	VTD LORENZO, ALEIDA 1262 N.W. 5TH STREET #5 MIAMI, FL 33126				
TRTLE	PD				

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

w. 19. Own Lines M. Conzalez President 4/28/04

28/04 305-445-8150

Daytime Phone #