


**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 001 \*\*\*\*70.00

**DOCUMENT # N98000003495**

1. Entity Name  
 1262 COOPERATIVE-MODEL HOUSING, INC.



Principal Place of Business Mailing Address

1262 N.W. 5TH STREET MIAMI FL 33125 782 NW LEJOUNE ROAD #3 MIAMI FL 33126

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1262 N.W. 5TH STREET 9041 KENDALL DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIAMI FLORIDA City & State MIAMI FLORIDA

Zip 33125 Country U.S.A. Zip 33176 Country U.S.A.

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

7. Name and Address of New Registered Agent

Name ROBERTO A. GODOY, ESQ  
 Street Address (P.O. Box Number is Not Acceptable) 9041 KENDALL DRIVE  
 City MIAMI FL Zip Code 33176

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 Roberto A Godoy DATE 03/01/2008

Signature, typed or printed name of registered agent and title, if any. (NOTE: Registered Agent signature is also where it stands)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, RAFAEL	
STREET ADDRESS	1262 N.W. 5TH STREET #1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONALEZ, MARIA D	
STREET ADDRESS	1262 N.W. 5TH STREET #2	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CHAVEZ, GREGORIA	
STREET ADDRESS	1262 N.W. 5TH STREET #3	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIVERA, MERCEDES	
STREET ADDRESS	1262 N.W. 5TH STREET #4	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LORENZO, ALEIDA	
STREET ADDRESS	1262 N.W. 5TH STREET #5	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, INES M	
STREET ADDRESS	1262 N.W. 5TH STREET #5	
CITY-ST-ZIP	MIAMI FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 DATE 3/1/2008 DAYTON FIDELITY # 786234434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR