

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N98000003495

Entity Name: 1262 COOPERATIVE-MODEL HOUSING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

9041 KENDALL DRIVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0928086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GODOY, ROBERTO A ESQ.
9041 KENDALL DRIVE
MIAMI, FL 33176 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: TD () Delete
Name: GARCIA, RAFAEL
Address: 1262 N.W. 5TH STREET #1
City-St-Zip: MIAMI, FL 33125

Title: SD () Delete
Name: GONALEZ, MARIA D
Address: 1262 N.W. 5TH STREET #2
City-St-Zip: MIAMI, FL 33125

Title: VSD () Delete
Name: CHAVEZ, GREGORIA
Address: 1262 N.W. 5TH STREET #3
City-St-Zip: MIAMI, FL 33125

Title: DV () Delete
Name: RIVERA, MERCEDES
Address: 1262 N.W. 5TH STREET #4
City-St-Zip: MIAMI, FL 33125

Title: VTD () Delete
Name: LORENZO, ALEIDA
Address: 1262 N.W. 5TH STREET #5
City-St-Zip: MIAMI, FL 33126

Title: PD () Delete
Name: GONZALEZ, INES M
Address: 1262 N.W. 5TH STREET #5
City-St-Zip: MIAMI, FL 33126

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: () Change () Addition
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Address:
City-St-Zip:

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: INES M.GONZALEZ

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date