

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30907

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: HIS HOUSE, INC.

## Current Principal Place of Business:

20000 NW 47TH AVE.  
BLDG. 6A  
OPA-LOCKA, FL 33055 US

## Current Mailing Address:

20000 NW 47TH AVE.  
BLDG. 6A  
OPA-LOCKA, FL 33055 US

## New Principal Place of Business:

20000 NW 47TH AVE.  
BLDG. 2  
OPA-LOCKA, FL 33055 US

## New Mailing Address:

20000 NW 47TH AVE.  
BLDG. 2  
OPA-LOCKA, FL 33055 US

FEI Number: 65-0145994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CACERES-GONZALEZ, JEAN  
20000 NW 47TH AVENUE  
BLDG. 6A  
OPA-LOCKA, FL 33055 US

## Name and Address of New Registered Agent:

CACERES-GONZALEZ, JEAN  
20000 NW 47TH AVENUE  
BLDG. 2  
OPA-LOCKA, FL 33055 US

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:

02/22/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: CACERES-GONZALEZ, JEAN  
Address: 20000 NW 47TH AVENUE BLDG 22  
City-St-Zip: OPA LOCKA, FL 33055

Title: T/D ( ) Delete  
Name: GONZALEZ, MARIO  
Address: 20000 NW 47TH AVENUE BLDG 22  
City-St-Zip: OPA LOCKA, FL 33055

Title: V ( ) Delete  
Name: CACERES, JULIE  
Address: 6956 WILLOW LANE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: S ( ) Delete  
Name: CACERES, JOSEPH F  
Address: 14131 LAKE CANDLEWOOD COURT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: CARLOS, FERNANDEZ  
Address: 8955 SW 93RD COURT  
City-St-Zip: MIAMI, FL 33176

Title: C ( ) Delete  
Name: MARTIN, WILLIAM  
Address: 1251 QUAIL AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

## 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  
Name:  
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 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: JEAN CACERES-GONZALEZ

P/D

02/22/2007

Electronic Signature of Signing Officer or Director

Date