

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718051

Entity Name: HERE'S HELP, INC.**Current Principal Place of Business:**15100 N.W. 27TH AVENUE
OPA LOCKA, FL 33054**Current Mailing Address:**15100 N.W. 27TH AVENUE
OPA LOCKA, FL 33054 US**FEI Number:** 59-1298067**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILSON-WATSON, JULIE
2470 NE 23RD STREET
POMPANO BEACH, FL 33062 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD
Name	BOOTH, RICHARD
Address	4405 GRANADA BLVD.
City-State-Zip:	CORAL GABLES FL 33146

Title	SD
Name	MENDEZ, IGNACIO
Address	13000 NW 42ND AVENUE
City-State-Zip:	MIAMI FL 33054

Title	D
Name	GUTIERREZ, ARMANDO
Address	1350 NW 8TH CT. PH7
City-State-Zip:	MIAMI FL 33136

Title	PD
Name	WILSON-WATSON, JULIE
Address	2470 NE STREET
City-State-Zip:	POMPANO BEACH FL 33062

Title	D
Name	BADIA, JOSEPH
Address	1400 NW 93RD AVENUE
City-State-Zip:	MIAMI FL 33172

Title	D
Name	RIVERA, MAGGIE
Address	5900 SW 85 ST.
City-State-Zip:	MIAMI FL 33143

I hereby 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 all other like empowered.

SIGNATURE: JULIE WILSON-WATSON**PRESIDENT****01/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date