

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002806

Entity Name: MINORITY HELP, INC

Current Principal Place of Business:

1182 SW 1ST WAY
DEERFIELD BEACH, FL 33441

Current Mailing Address:

4624 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 20-2523891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAIDE, ALVANIA V
4624 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 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 PRESIDENT
Name SAIDE, ALVANIA V
Address 4624 N FEDERAL HWY
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title S
Name GENTILE, LUCIANA F
Address 6133 NW 45TH AVE
City-State-Zip: COCONUT CREEK FL 33073

Title ESQ.
Name MORANO, MICHAEL S
Address 1167 JASON WAY
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR
Name SALLES, CARLOS
Address 4451 NE 20TH AVE
 APT E
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name JUNHO, MARIA F
Address 3000 NW 5TH TERRACE
 APT 130
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR
Name RIBEIRO, MONICA S
Address 9875 NW 20TH STREET
City-State-Zip: CORAL SPRINGS FL 33071

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: ALVANIA VIVIANE SAIDE

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date