

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011238

Entity Name: HEALTH ORIENTATION ACTIVITY FOUNDATION CORP.

Current Principal Place of Business:

3095 NW 7 ST
MIAMI, FL 33125

Current Mailing Address:

3095 NW 7 ST
MIAMI, FL 33125 US

FEI Number: 45-1967052

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEESING& ASSOCIATES, INC
9153 SW 206TH STREET
MIAMI, FL 33189 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 PD
Name NGUYEN, HOA
Address 1330 NE 162 ST
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D
Name BRAMI, HANNA
Address 4926 SHERIDAN STREET
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name LOPEZ, ARMANDO E
Address 3095 NW 7 ST
City-State-Zip: MIAMI FL 33125

Title TD
Name CHIN SANG, KEITHSON
Address 9153 SW 206 ST
City-State-Zip: MIAMI FL 33189

Title S
Name HASBUN, CLAUDIA
Address 780 W 71 PLACE
City-State-Zip: HIALEAH FL 33014

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: HOA NGUYEN

PRESIDENT

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date