#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30907

Entity Name: HIS HOUSE, INC.

**FILED** Mar 29, 2016 Secretary of State CC8320794942

### **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

FEI Number: 65-0145994 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ANON, ELIZABETH 20000 NW 47TH AVENUE HECTOR 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: ELIZABETH ANON 03/29/2016

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Address

Title EXECUTIVE DIRECTOR Title CHAIRMAN, DIRECTOR Name SMITH-TORRES, SILVIA Name ROJAS, IGNACIO 20000 NW 47TH AVE. Address 20000 NW 47TH AVE. Address HECTOR BLDG. 2 HECTOR BLDG. 2 City-State-Zip: OPA-LOCKA FL 33055 City-State-Zip: OPA-LOCKA FL 33055

Title SECRETARY, DIRECTOR Title **DIRECTOR** 

Name ROBERTS, NANCY Name FREEMAN, LINDA Address 20000 NW 47TH AVE. Address 20000 NW 47TH AVE.

HECTOR BLDG. 2 HECTOR BLDG. 2

City-State-Zip: OPA-LOCKA FL 33055 City-State-Zip: OPA-LOCKA FL 33055

Title DIRECTOR Title DIRECTOR LEYVA, CARLOS FRASER, MIA Name Name

20000 NW 47TH AVE. Address Address 20000 NW 47TH AVE.

HECTOR BLDG. 2 HECTOR BLDG. 2

City-State-Zip: OPA-LOCKA FL 33055 City-State-Zip: OPA-LOCKA FL 33055

Title DIRECTOR Title DIRECTOR

Name DUCHARME, RICHARD Name PROBST, BERNARD ESQ.

> 20000 NW 47TH AVE. Address 20000 NW 47TH AVE. HECTOR BLDG. 2

HECTOR BLDG. 2

OPA-LOCKA FL 33055 OPA-LOCKA FL 33055 City-State-Zip: City-State-Zip:

# Continues on page 2

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.

03/29/2016 SIGNATURE: SILVIA SMITH-TORRES EXECUTIVE DIRECTOR

# Officer/Director Detail Continued:

Title DIRECTOR Name TUFFIN, BRIAN

20000 NW 47TH AVE. HECTOR BLDG. 2 Address

City-State-Zip: OPA-LOCKA FL 33055