

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30907

Entity Name: HIS HOUSE, INC.**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:**CACERES-GONZALEZ, JEAN
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	S/D
Name	ROBERTS, NANCY
Address	15060 EGAN LANE
City-State-Zip:	MIAMI LAKES FL 33014

Title	D
Name	ROWLEY, PIKE
Address	5900 N. ANDREWS AVENUE #626
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	FRASER, MIA
Address	200 SOUTH BISCAY BLVD
City-State-Zip:	MIAMI FL 33131

Title	C/D
Name	MARTIN, WILLIAM
Address	1050 CARIBBEAN WAY
City-State-Zip:	MIAMI FL 33132

Title	D
Name	PEREZ-GURRI, KATHY
Address	9395 SW 106TH STREET
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	FOO, TREVOR
Address	1001 BRICKELL BAY DRIVE
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	LEYVA, GIRALDO
Address	2640 SOUTH BAYSHORE DRIVE
City-State-Zip:	MIAMI FL 33133

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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: JEAN CACERES-GONZALEZ**FOUNDER & EXECUTIVE DIRECTOR** 04/22/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PROBST, BERNARD ESQ.
Address 9350 SO. DIXIE HWY
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name SIMS, WILLIAM
Address 651 TULIP TREE LANE
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name RITZENTHALER, DONDRA
Address 1080 CARIBBEAN WAY
City-State-Zip: MIAMI FL 33132