

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711013

FILED  
Jan 23, 2006  
Secretary of State

**Entity Name:** THE HOUSE STAFF FOUNDATION INC.

**Current Principal Place of Business:**

1611 NW 12TH AVE  
EAST TOWER 1004  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1611 NW 12TH AVE  
EAST TOWER 1004  
MIAMI, FL 33136

**New Mailing Address:**

**FEI Number:** 59-6197620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAISER, GERARD  
1611 NW 12 AVENUE  
MIAMI, FL 33136 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: KAISER, GERALD  
Address: 1611 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33136

Title: MHSA ( ) Delete  
Name: GONGALEZ, NILDA  
Address: 1611 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete  
Name: BENDELL, ABBE  
Address: 1611 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MHSA (X) Change ( ) Addition  
Name: GONZALEZ, NILDA  
Address: 1611 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NILDA GONZALEZ

MHSA

01/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date