## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #743151 FH VILLAGE, INC.				03-31-200	08 90012 01			
Principal Plac 5300 WEST ' HIALEAH, FL	16TH AVENUE	Mailing Address C/O YESSENIA GONZALEZ 988 SW 88TH ST #226 MIAMI, FL 33176 C/O YESSEO	_	alex	- 1406H 178H 178H 1786 118				
Principal Place of Business - No P.O. Box #  State And # ata.		3. Mailing Address 8601 5W94+h5+.							
Suite, Apt. #, etc.		Sujte, Apt. #, etc. # 116W			02272008 Chg-NP CR2E037 (12/06)				
City & State		City & State Miami, F	-L		4. FEI Number 59-0589990			plied For t Applicable	
Zip	Country	33156	Country		5. Certificate of Status Desire		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of Ne	w Registered A	gent		
C T CORPORATION SYSTEM				Name					
% C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324			City				Zin Code		
				FL Zip Code					
	named entity submits this statement for tions of registered agent.	or the purpose of changing its reg	gistered office or	registere	d agent, or both, in the State of	f Florida. I am f	amiliar with,	and accept	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE									
Filing Fee Is \$61.25  Due by May 1, 2008  9. Election Campaign File Trust Fund Contribution				1	\$5.00 May Be	Make check	payable to	<b>*</b> t 3	
	-Due by May 1, 2008	Trust Fund Con	tribution.		Added to Fees	lorida Depart	ment of St		
10.	OFFICERS AND DI	RECTORS	11.	□ .		lorida Depart	ECTORS IN	ate = 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Madelyn Lozano

305-279-4577

Daytime Phone #