2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757185

Entity Name: D. A. R. C. HOUSING, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5555 BISCAYNE BLVD MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

935 S.E. 14 STREET HIALEAH, FL 33010 US

FEI Number: 59-2101518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WINTER, MAUREEN 935 SE 14TH STREET HIALEAH, FL 33010 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KIRSH, WILLIAM D KIRSH, WILLIAM D Name: Name: 2535 REGATTA Address: 2535 REGATTA Address: City-St-Zip: MIAMI BEACH, FL City-St-Zip: MIAMI BEACH, FL

Title: PD Title: (X) Change () Addition () Delete

Name: SLACHTER, DAVID, Name: SLACHTER, DAVID, Address: 3340 NE 190TH STREET UNIT 901 Address: 3340 NE 190TH STREET UNIT 901

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: () Delete Title: PD (X) Change () Addition REED, BEN, REED, BEN, Name: Name:

1800 SW 84TH AVE Address: Address: 1800 SW 84TH AVE MIAMI, FL

City-St-Zip: MIAMI, FL City-St-Zip:

Title: TD () Delete Title: VD (X) Change () Addition

Name: SLAZAR, HELEN Name: SLAZAR, HELEN Address: 6100 SW 84 AVENUE Address: 6100 SW 84 AVENUE

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify 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: MAUREEN WINTER RΑ 03/09/2009