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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

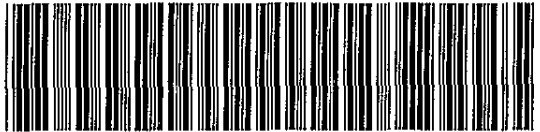
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CORONA SELF HELP CENTER, INC.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

MARCOS LOFFREDO
(Name of Person)
THE CORONA SELF HELP CENTER, INC.
(Firm/Company)
1414 S.W. SANTIAGO AVE
(Address)
PORT ST. LUCIE, FL. 34953
(City/State and Zip Code)

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For further information concerning this matter, please call:

MARCOS LOFFREDO at (347) 468-2196
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. THE CORONA SELF-HELP CENTER INC. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. NEW YORK (State or country under the law of which it is incorporated) 3. 27-0090081 (FEI number, if applicable)

4. FEBRUARY 24, 2004 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. UPON RECEIPT OF QUALIFICATION (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 108-10 41st AVE CORONA, NY 11368 (Principal office address)

1414 S.W. SANTIAGO AVE PORT ST. LUCIE 34953 (Current mailing address)

8. SEE ATTACHMENT (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARCOS LOFFREDO

Office Address: 1414 SW. SANTIAGO AVE PORT ST LUCIE, Florida 34953 (City) (Zip Code)

10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten Signature] (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: EXECUTIVE DIRECTOR: MARCOS LOFFREDO.

Address: 1414 S.W. SANTIAGO AVE.

PORT ST. LUCIE, FL 34953.

Director: _____

Address: _____

B. OFFICERS

President: DAVID CERUANTES.

Address: 108-10 41 ST. AVENUE,

CORONA, N.Y. 11368.

Vice President: _____

Address: _____

Secretary: MIGUEL MONTIEL.

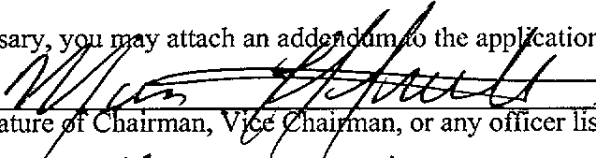
Address: 108-10 41ST AVENUE, CORONA, N.Y 11368

Treasurer: ARMANDO FRANCO.

Address: 108-10 41ST AVENUE CORONA, N.Y 11368

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARCOS LOFFREDO EXEC. DIRECTOR.
(Typed or printed name and capacity of person signing application)

Attachment For #8

The Corona Self Help Center Inc.
1414 SW Santiago Ave.
Port St. Lucie, Fl 34953

Provides services and counseling to immigrant Latino men and their families who are struggling with issues related to substance abuse and addiction. These services fall into three broad categories, Counseling, job training and social service provision and referrals.

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State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of THE CORONA SELF-HELP CENTER, INC. was filed on 02/24/2004, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of November
two thousand and five.*

Daniel Shapiro
Special Deputy Secretary of State