

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 035 ****70.00

DOCUMENT # F05000006848 1. Entity Name THE CORONA SELF-HELP CENTER, INC.			
Principal Place of Business 108-10 41ST AVE CORONA NY 11368		Mailing Address 1414 S.W. SANTIAGO AVENUE PORT ST. LUCIE FL 34953	
2. Principal Place of Business 40-29 78 STREET.		3. Mailing Address 5601-5611 NW 28 ST.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ELMHURST, N.Y.		City & State LAUDERHILL, FLORIDA	
Zip 11378		Zip 33313	
Country QUEENS.		Country BROWARD	
4. FEI Number 27-0090081		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOFFREDO, MARCOS 1414 SW SANTIAGO AVE PORT ST. LUCIE FL 34953		7. Name and Address of New Registered Agent Name MARCOS LOFFREDO Street Address (P.O. Box Number is Not Acceptable) 5601 NW 28 STREET. City LAUDERHILL FL Zip Code 33313	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Marcos Loffredo</i></u> DATE <u>4/28/06</u> Signature, typed or printed name of registered agent or officer (if applicable) (NOTE: Registered Agent signature required when certifying)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERVANTES, DAVID 108-10 41ST AVE CORONA NY 11368 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTIEL, MIGUEL 108-10 41ST AVE CORONA NY 11368 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCO, ARMANDO 108-10 41ST AVE CORONA NY 11368 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOFFREDO, MARCOS 1414 S.W. SANTIAGO AVE. PORT ST. LUCIE FL 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 city like empowered.			
SIGNATURE: <u><i>Marcos Loffredo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/28/06</u> Daytime Phone <u>620/2006</u>	



ATTACHMENT
DROGADICTOS ANONIMOS A.C.

Grupo "La Misión" 40097716
5601-5611 NW 28th Street
Lauderhill, Florida 33313
954-486-5824

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

6/20/2006

Re: The Corona Self Help Center Inc.
F05000006848

Dear Sirs ;

I have mailed the report twice and it has been returned, Please advise as to what information is missing ?

I have reviewed the report and could not find what was incorrect.

Please contact me ASAP


Marcos Loffredo
Executive Director