

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006848

FILED
May 18, 2009
Secretary of State

Entity Name: THE CORONA SELF-HELP CENTER, INC.

Current Principal Place of Business:

40-29 78TH STREET
ELMHURST, NY 11373

New Principal Place of Business:

Current Mailing Address:

40-29 78TH STREET
ELMHURST, NY 11373

New Mailing Address:

FEI Number: 27-0090081 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOFFREDO, MARCOS
21800 SW 232 STREET
MIAMI, FL 33170 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: P () Delete
Name: CERVANTES, DAVID
Address: 40-29 78 STREET
City-St-Zip: ELMHURST, NY 11373

Title: S () Delete
Name: MONTIEL, MIGUEL
Address: 40-29 78 STREET
City-St-Zip: ELMHURST, NY 11373

Title: T () Delete
Name: FRANCO, ARMANDO
Address: 40-29 78 STREET
City-St-Zip: CORONA, NY ELMHURST

Title: D () Delete
Name: LOFFREDO, MARCOS
Address: 21800 SW 232 STREET
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARCOS LOFFREDO

MR.

05/18/2009

Electronic Signature of Signing Officer or Director

Date