

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90053 028 ****70.00

DOCUMENT # N00000003925 1. Entity Name ALLIANCE FOR HUMAN SERVICES, INC.					
Principal Place of Business 3250 SW THIRD AVE. 6TH FLOOR MIAMI, FL 33129 US			Mailing Address 3250 SW THIRD AVE. 6TH FLOOR MIAMI, FL 33129 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-1018081			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired - <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DOUGLAS-BARTOLOUE, ALEXANDRIA 140 SPRUCE ST. BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name Mark Buchbinder Street Address (P.O. Box Number is Not Acceptable) 5104 SW 72 Avenue City Miami FL Zip Code 33155		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE Signature, typed or printed name of registered agent and title if applicable. </div> <div style="width: 35%;"> Mark Buchbinder, Executive Director (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 5%;"> DATE 1/17/05 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P SHACK, RUTH <input type="checkbox"/> Delete 200 SOUTH BISCAYNE BLVD., STE. 505 MIAMI, FL 33131	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	O HOOD, CHARLES SEC/TRE <input type="checkbox"/> Delete 3250 SW 3RD AVENUE MIAMI, FL 33129	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	OST RAYMOND, DAVID <input type="checkbox"/> Delete 111 NW 1 ST, 27TH FLR. PORT ORANGE, FL 32128	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	OAC DOMINGUEZ, MARIA <input type="checkbox"/> Delete 16400 NW 32 AVE. OPA LOCKA, FL 33054	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	OPE GARCIA-VELEZ, CALIXTO <input type="checkbox"/> Delete 8750 DORAL BLVD., 7TH FLR. MIAMI, FL 33178	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	OPE CARTER, HODDING <input type="checkbox"/> Delete 200 SOUTH BISCAYNE BLVD., STE. 3300 MIAMI, FL 33131	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Executive Director 1/17/05 305.646.7138 <div style="display: flex; justify-content: space-between;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					

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