## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000003925

Entity Name: ALLIANCE FOR HUMAN SERVICES, INC.

FILED May 02, 2003 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3250 SW 1	3RD AVENUE				
5TH FLOC MIAMI, FL	)R				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
3250 SW 3 5TH FLOO MIAMI, FL					
FEI Number	: 65-1018081 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Curr	ent Registered Agent:	Name and Addres	ss of New Registered Agent:	
DOUGLAS, ALEXANDRIA 106 ALEDO AVENUE CORAL GABLES, FL 33134 US			6645 SW 76 TERR	DOUGLAS, ALEXANDRIA 6645 SW 76 TERRACE SOUTH MIAMI, FL 33143 US	
	e named entity sub e of Florida.	mits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				05/02/2003	
	Electronic S	ignature of Registered Age	nt	Date	
OFFICER	S AND DIRECTO	RS:	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	O () Del GARCIA-VELEZ, CA 8750 DORAL BLVD MIAMI, FL 33178 U	LIXTO PRES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O (X) Del FERNANDEZ, HILD 111 NW 1ST STRE MIAMI, FL 33128 U	A VP ET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () Del HOOD, CHARLES 3250 SW 3RD AVE MIAMI, FL 33129 U	SEC/TRE NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete LEVINE, DANIELLA 260 NE 17 TERRACE, #200 D: MIAMI, FL 33132 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Del GARRETT, BARBAF 5980 MIAMI LAKES MIAMI, FL 33014 U	RA DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXANDRIA DOUGLAS O 05/02/2003