

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002338

1. Entity Name
HEALTH HELP PROJECT INC.



FILED

04 AUG -2 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



07302004 Chg-NP CR2E037 (10/03)

Principal Place of Business
807 S.W. 25TH AVENUE
SUITE 206
MIAMI, FL 33135

Mailing Address
807 S.W. 25TH AVENUE
SUITE 206
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1092120

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATINO, HENRY :REV.
11865 N. AVIARY DRIVE
COOPER CITY, FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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

TITLE PD
NAME PATINO, FRANCISCO J
STREET ADDRESS 1720 S.W. 32ND CT
CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete

TITLE VD
NAME PATINO, FRANK DR.
STREET ADDRESS 49501 PINE RIDGE DR.
CITY-ST-ZIP PLYMOUTH, MI 48170 ☐ Delete

TITLE SD
NAME PATINO, JOSEPH
STREET ADDRESS 212 S.W. 179 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33029 ☐ Delete

TITLE TD
NAME LOPEZ, MANUEL
STREET ADDRESS 2730 S.W. 33 AVENUE
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

TITLE D
NAME RODRIGUEZ, PAUL DR.
STREET ADDRESS 1297 CARTERS FERRY RD.
CITY-ST-ZIP HARTWELL, GA 30643 ☒ Delete

TITLE D
NAME CABRERA, SERGIO
STREET ADDRESS 9300 HAITIAN DRIVE
CITY-ST-ZIP MIAMI, FL 33189 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300040044843
08/10/04--01037--001 **70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T/D
NAME Joseph Patino
STREET ADDRESS 212 SW 179 ave.
CITY-ST-ZIP Pembroke Pines, FL 33029 ☒ Change ☐ Addition

TITLE a/TD
NAME Manuel Lopez
STREET ADDRESS 2730 SW 33 ave.
CITY-ST-ZIP Miami, FL 33133 ☒ Change ☐ Addition

TITLE E/D
NAME Roberto Patino
STREET ADDRESS 8350 SW 27 LN
CITY-ST-ZIP Miami, FL 33155 ☐ Change ☒ Addition

TITLE S/D
NAME ISABEL M. Patino
STREET ADDRESS 1720 SW 32 CT.
CITY-ST-ZIP Miami, FL 33145 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Manuel Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #