## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003183

Title:

Name:

Address:

City-St-Zip:

Entity Name: HEALING HEARTS FOUNDATION, INC.

FILED Jun 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5753 MIAMI LAKES DRIVE EAST MIAMI LAKES, FL 33014 **Current Mailing Address: New Mailing Address:** 5753 MIAMI LAKES DRIVE EAST 7314 SABAL DRIVE MIAMI LAKES, FL 33014 US MIAMI LAKES, FL 33014 FEI Number: 65-1130171 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: Name and Address of New Registered Agent: BELTRAN, ALBERT 9015 N. W. 10 STREET PEMBROKE PINES, FL 33024 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition BELTRAN, ALBERT BELTRAN, ALBERT Name: Name: 1601 N. PALM AVE SUITE 311D Address: 5753 MIAMI LAKES DRIVE EAST Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: MIAMI LAKES, FL 33014 Title: () Delete Title: (X) Change ( ) Addition MESA, LEONEL JR Name: MESA, LEONEL JR Name: Address: 1601 N. PALM AVE SUITE 311C Address: 5753 MIAMI LAKES DRIVE EAST City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: MIAMI LAKES, FL 33014 Title: () Delete Title: (X) Change ( ) Addition STANFORD, MATTHEW Name: STANFORD, MATTHEW Name: 1601 N. PALM AVE SUITE 311D 5753 MIAMI LAKES DRIVE EAST Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: MIAMI LAKES, FL 33014 Title: () Delete Title: ( ) Change (X) Addition Name: Name: URBANO, LEDIA 5753 MIAMI LAKES DRIVE EAST Address: Address: City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LEONEL E. MESA, JR. VPD 06/18/2007

() Delete

( ) Change (X) Addition

MESA, RAMON D

5753 MIAMI LAKES DRIVE EAST

MIAMI LAKES, FL 33014