

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003183

FILED
Mar 20, 2009
Secretary of State

Entity Name: HEALING HEARTS FOUNDATION, INC.

Current Principal Place of Business:

5753 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

5753 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-1130171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELTRAN, ALBERT
9015 N. W. 10 STREET
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

MESA, LEONEL E VPD
5753 MIAMI LAKES DRIVE EAST
MIAMI LAKES, 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: LEONEL E. MESA, JR.

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELTRAN, ALBERT
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD () Delete
Name: MESA, LEONEL JR
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD () Delete
Name: STANFORD, MATTHEW
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: URBANO, LEDIA
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: MESA, RAMON D
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

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:

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: LEONEL E. MESA, JR.

VPD

03/20/2009

Electronic Signature of Signing Officer or Director

Date