2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004161

Entity Name: HELP FOR HAITIAN CHILDREN, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1300 NE MIAMI GARDENS DR, 308E MIAMI, FL 33179

Current Mailing Address: New Mailing Address:

1300 NE MIAMI GARDENS DR, 308E 2000 ISLAND BLVD 307 AVENTURA, FL 33160

FEI Number: 03-0458810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HCRM CORP 2200 NE CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431 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:

Title: PD () Delete Title: PD (X) Change () Addition Name: BARR, ARTHUR Name: BARR, ARTHUR

 Address:
 2800 ISLAND BLVD #503
 Address:
 2000 ISLAND BLVD #307

 City-St-Zip:
 AVENTURA, FL 33160
 City-St-Zip:
 AVENTURA, FL 33160

Title: VD () Delete Title: VD (X) Change () Addition Name: BARR, FLORENCE Name: BARR, FLORENCE

 Name
 BARK, FLORENCE

 Address:
 2800 ISLAND BLVD. #503
 Address:
 2000 ISLAND BLVD. #307

 City-St-Zip:
 AVENTURA, FL 33160
 City-St-Zip:
 AVENTURA, FL 33160

Title: STD () Delete Title: () Change () Addition

 Name:
 DEVENSKY, DORIS
 Name:

 Address:
 60 SW 9TH TERR.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33486
 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: ARTHUR BARR PD 01/07/2009