

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004161

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** HELP FOR HAITIAN CHILDREN, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

18151 NE 31ST COURT  
1614  
AVENTURA, FL 33160

**Current Mailing Address:**

2000 ISLAND BLVD  
307  
AVENTURA, FL 33160

**New Mailing Address:**

18151 NE 31ST COURT  
1614  
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:**

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

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

MARK J. LYNN, PA  
21355 E. DIXIE HWY  
107  
AVENTURA, FL 33180 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: MARK J. LYNN

01/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARR, ARTHUR  
Address: 2000 ISLAND BLVD #307  
City-St-Zip: AVENTURA, FL 33160

Title: VD  
Name: BARR, FLORENCE  
Address: 2000 ISLAND BLVD. #307  
City-St-Zip: AVENTURA, FL 33160

Title: STD  
Name: DEVENSKY, DORIS  
Address: 60 SW 9TH TERR.  
City-St-Zip: BOCA RATON, FL 33486

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR BARR

PD

01/11/2010

Electronic Signature of Signing Officer or Director

Date