

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 23, 2009
Secretary of State

DOCUMENT# N02000008647

Entity Name: HUMAN COMMUNITY SERVICES, INC.

Current Principal Place of Business:

10331 SW 142 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

10331 SW 142 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 02-0651459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAMAS, HUGO
10331 SW 142 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: DAMAS, HUGO
Address: 10331 SW 142 CT
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: JOSEPH, FRANCE M
Address: 9645 SW 1CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: DAMAS, ALEXANDER N
Address: 6009 ROYAL BIRK DALE DRIVE
City-St-Zip: LAKEWORTH, FL 33463

Title: AD () Delete
Name: MONTES, LAURY S
Address: 7655 SW 155 PLACE APT 73
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAMAS, HUGO S
Address: 10331 SW 142 CT
City-St-Zip: MIAMI, FL 33186

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: M () Change (X) Addition
Name: DAVIDSON, STENNETT
Address: 10097 CLEARY BLVD
City-St-Zip: PLANTATION, FL 33324

Title: M () Change (X) Addition
Name: SALNAVE, RODNEY
Address: 10097 CLEARY BLVD
City-St-Zip: PLANTATION, FL 33324

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: HUGO S DAMAS

D

05/23/2009

Electronic Signature of Signing Officer or Director

Date