

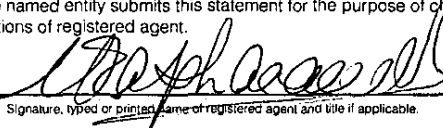
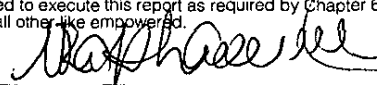


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90006 041 ****70.00

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|--|--|---|---|--|--|
| DOCUMENT # N03000004541 | | | |  | |
| 1. Entity Name HELP FOR THE NEEDY FOUNDATION, INC. | | | | | |
| Principal Place of Business 1981 NW 43 TERR #458 LAUDERHILL, FL 33313 | | | Mailing Address 1981 NW 43 TERR #458 LAUDERHILL, FL 33313 | | |
| 2. Principal Place of Business 2700 W. Atlantic Blvd Suite, Apt. #, etc. 107 City & State Pompano Beach Zip 33069 | | 3. Mailing Address SAME Suite, Apt. #, etc. City & State FL Zip Country USA | |  | |
| 05182004 Chg-NP CR2E037 (10/03) | | 4. FEI Number 35-2204605 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent NESTOR, MICHELET 601 W OAKLAND PARK BLVD STE 5 OAKLAND, FL 33311 | | | 7. Name and Address of New Registered Agent Name Milo Raphael Street Address (P.O. Box Number is Not Acceptable) 1981 NW 43 Ter # 458 City Lauderhill FL Zip Code 33313 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | DATE 05-21-04 | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAPHAEL, MILO 1981 NW 43 TERR #458 LAUDERHILL, FL 33313 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD REMY, REV NELSON 1981 NW 43 TERR #458 LAUDERHILL, FL 33313 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD RAPHAEL, ERONNE J 1981 NW 43 TERR #458 LAUDERHILL, FL 33313 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD EMMANUEL, RACHELLE 1981 NW 43 TERR #458 LAUDERHILL, FL 33313 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VALENTIN, LA JOIE JOSEPH 1981 NW 43 TERR #458 LAUDERHILL, FL 33313 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Catherine HERMANTIN 550 SW 12 th Ave. Deerfield Beach, FL 33442 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Jean Robert Emmanuel 1941 Forked Creek Dr. Englewood, FL 34223 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Tchaly LEANDRE 2521 Linton Street Apt. # 111 Hollywood, FL 33020 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Milo Raphael  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 05-21-04 Daytime Phone # 954-933051 | | | | | |