2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N03000005889

Entity Name: AMIGOS HELPING AMIGOS, INC.

Current Principal Place of Business:

220 E MONUMENT AVE, STE C
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

220 E MONUMENT AVE, STE C
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-1536517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSEN, GUILLERMO
220 E MONUMENT AVE, STE C
KISSIMMEE, FL 34741 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: P ( ) Delete
Name: HANSEN, GUILLERMO
Address: 220 E MONUMENT AVE, STE C
City-St-Zip: KISSIMMEE, FL 34741

Title: S ( ) Delete
Name: LOPEZ, YOLANDA
Address: 220 E MONUMENT AVE, STE C
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Delete
Name: BATINI, EDNA
Address: 220 E MONUMENT AVE, STE C
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: ALVAREZ, ROSA
Address: 101 N CHURCH ST
City-St-Zip: KISSIMMEE, FL 347415054

Title: D ( ) Delete
Name: CALLEJAS, JAVIER
Address: 6000 W OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34746

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: GUILLERMO HANSEN P 03/05/2009
Electronic Signature of Signing Officer or Director — Date