

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001399

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** AFFORDABLE HOUSING COUNSELING AGENCY, INC.

**Current Principal Place of Business:**

4011 WEST FLAGLER STREET  
UNIT 504  
MIAMI, FL 33134

**New Principal Place of Business:**

5959 BLUE LAGOON DRIVE  
SUITE 103  
MIAMI, FL 33126

**Current Mailing Address:**

4011 WEST FLAGLER STREET  
UNIT 504  
MIAMI, FL 33134

**New Mailing Address:**

5959 BLUE LAGOON DRIVE  
SUITE 103  
MIAMI, FL 33126

FEI Number: 20-1809581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERUYERA, JOSE R  
9240 SW 72ND STREET  
SUITE 202  
MIAMI, FL 33173 US

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

LOPEZ, MANUEL R  
770 PONCE DE LEON BLVD  
PENTHOUSE  
CORAL GABLES, FL 33134 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: MANUEL R. LOPEZ

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BALLADARES, JEANNINE  
Address: 4011 WEST FLAGLER STREET SUITE 504  
City-St-Zip: MIAMI, FL 33134

Title: VP ( ) Delete  
Name: ORTA, RAUL  
Address: 4011 WEST FLAGLER STREET SUITE 504  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BALLADARES, JEANNINE  
Address: 5959 BLUE LAGOON DRIVE, SUITE 103  
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Change ( ) Addition  
Name: ORTA, RAUL  
Address: 5959 BLUE LAGOON DRIVE, SUITE 103  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANNINE BALLADARES

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date