

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003090

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** HUMANITARIAN AID AND DEVELOPMENT, INC.

**Current Principal Place of Business:**

10655 S.W. 136 STREET  
MIAMI, FL 33176662

**New Principal Place of Business:**

10655 S.W. 136 STREET  
MIAMI, FL 33176-662

**Current Mailing Address:**

10655 S.W. 136 STREET  
MIAMI, FL 33176662

**New Mailing Address:**

10655 S.W. 136 STREET  
MIAMI, FL 33176-662

**FEI Number:** 41-2270095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTEGA, LIGIA L  
10655 S.W. 136 STREET  
MIAMI, FL 33176662 US

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

ORTEGA, LIGIA L  
10655 S.W. 136 STREET  
MIAMI, FL 33176-662 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: LIGIA L. ORTEGA

04/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ORTEGA, LIGIA L  
Address: 10655 S.W. 136 STREET  
City-St-Zip: MIAMI, FL 33176662

Title: DT ( ) Delete  
Name: DELGADO, HORACIO J  
Address: 19796 BEL AIRE DRIVE  
City-St-Zip: MIAMI, FL 331578633

Title: DS ( ) Delete  
Name: ROCHA, JUAN JOSE M  
Address: 715 N.E. 144 STREET  
City-St-Zip: MIAMI, FL 331612916

**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:

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: LIGIA L. ORTEGA

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date