# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# N05000005916

**Entity Name:** IMMIGRATION HELP CENTER, INC.

**Current Principal Place of Business:**

3067 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

3067 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number: 16-1726771** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PONCE DE LEON, ANGEL
3067 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US

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

PONCE DE LEON, ANGEL L
3067 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 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: ANGEL L PONCE DE LEON 03/20/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete
Name: PONCE DE LEON, ANGEL L
Address: 3067 FOREST HILL BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S ( ) Delete
Name: PONCE DE LEON, ANGEL L
Address: 3067 FOREST HILL BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T ( ) Delete
Name: PONCE DE LEON, ANGEL L
Address: 3067 FOREST HILL BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33406

**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: ANGEL L PONCE DE LEON PRES 03/20/2009
Electronic Signature of Signing Officer or Director Date