## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005916

Secretary of State Entity Name: IMMIGRATION HELP CENTER, INC.

FILED Apr 20, 2010

**Current Principal Place of Business:** 

3067 FOREST HILL BOULEVARD 3939 S CONGRESS AVE. WEST PALM BEACH, FL 33406

101

LAKE WORTH, FL 33461

**New Principal Place of Business:** 

**Current Mailing Address: New Mailing Address:** 

3939 S CONGRESS AVE. 3067 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33406

LAKE WORTH, FL 33461

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

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

PONCE DE LEON, ANGEL L PONCE DE LEON, ANGEL L 3067 FOREST HILL BLVD 3939 S CONGRESS AVE. WEST PALM BEACH, FL 33406 US 101 LAKE WORTH, FL 33461 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 04/20/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PONCE DE LEON, ANGEL L Name: Address: 3939 S CONGRESS AVE. STE. 101

City-St-Zip: LAKE WORTH, FL 33461

Title:

Name: PONCE DE LEON, ANGEL L Address: 3939 S CONGRESS AVE. STE. 101 City-St-Zip: LAKE WORTH, FL 33461

Title:

PONCE DE LEON, ANGEL L Name: 3939 S CONGRESS AVE. STE. 101 Address:

City-St-Zip: LAKE WORTH, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: ANGEL L PONCE DE LEON PDT 04/20/2010