

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000610

FILED
Apr 15, 2008
Secretary of State

Entity Name: POSTIVE ACTION FOR THE UNFORTUNATE PEOPLE, INC.

Current Principal Place of Business:

527 SW 3RD AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

527 SW 3RD AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 74-3163005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCCE, SATAILLE
527 SW 3RD AVE
HOMESTEAD, FL 33030 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: D () Delete
Name: BENJAMIN, JOSEPH
Address: 527 SW 3RD AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: JOSEPH, MONFRED
Address: 527 SW 3RD AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: LUCCE, SATAILLE
Address: 527 SW 3RD AVE
City-St-Zip: HOMESTEAD, FL 33030

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: BEJAMIN JOSEPH

OFFI

04/15/2008

Electronic Signature of Signing Officer or Director

Date