## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007117

Entity Name: HOUSING ECONOMIC LIVING PROGRAM, INC.

Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

299 ALHAMBRA CIRCLE SUITE 203 7225 W 11 CT. CORAL GABLES, FL 33134 122

HIALEAH, FL 33014 US

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

299 ALHAMBRA CIRCLE SUITE 203 7225 W 11 CT.

CORAL GABLES, FL 33134

HIALEAH, FL 33014 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

(X) Change ( ) Addition

## **OFFICERS AND DIRECTORS:**

() Delete

LOPEZ, JORGE Name:

299 ALHAMBRA CIRCLE SUITE 203 Address:

City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete HERNANDEZ, INES Name:

Address: 299 ALHAMBRA CIRCLE SUITE 203

City-St-Zip: CORAL GABLES, FL 33134

Title: JOHNSON, CHARLES Name:

299 ALHAMBRA CIRCLE SUITE 203 Address: City-St-Zip: CORAL GABLES, FL 33134

() Delete Title: Name:

HIALEAH, FL 33014 (X) Change ( ) Addition

LOPEZ, JORGE

7225 W11 CT. #122

HIALEAH, FL 33014

HERNANDEZ, INES

7225 W 11 CT. #122

JOHNSON, CHARLES 7225 W 11 CT. #122 Address: City-St-Zip: HIALEAH, FL 33014

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: JORGE LOPEZ SD 04/27/2009