

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009094

FILED
Apr 30, 2009
Secretary of State

Entity Name: A.L.O. HELP FOUNDATION CORP.

Current Principal Place of Business:

16365 NW 11 STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16365 NW 11 STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-1084106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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: P () Delete
Name: DE OLIVEIRA LUIZ, LAURENICE
Address: 16365 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: DE OLIVEIRA LUIZ, SUSANA
Address: 16365 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: DE OLIVEIRA, SANDRA L
Address: 16365 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: LAURENICE LUIZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date