2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N07000010834

Entity Name: HIALEAH VOA ELDERLY HOUSING RESIDENT ASSOCIATION, INC.

Current Principal Place of Business:

1280 W 46 STREET
HIALEAH, FL 33012

New Principal Place of Business:

1280 W 46 STREET
203
HIALEAH, FL 33012

Current Mailing Address:

1280 W 46 STREET
HIALEAH, FL 33012

New Mailing Address:

1280 W 46 STREET
203
HIALEAH, FL 33012

FEI Number: 26-1423137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX DEFENSE CENTER, INC.
2350 W 84 STREET
18
HIALEAH, FL 33016 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: PEREZ, JULIA
Address: 1280 W 46 STREET #414
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete
Name: MARTINEZ, MARIA
Address: 1280 W 46 STREET #811
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete
Name: BELLO, CARMEN
Address: 1280 W 46 STREET #203
City-St-Zip: HIALEAH, FL 33012

Title: T ( ) Delete
Name: BELLO, ANGEL
Address: 1280 W 46 STREET #203
City-St-Zip: HIALEAH, FL 33012

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:

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: JULIA PEREZ P 04/06/2009

Electronic Signature of Signing Officer or Director — Date