2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # N45498 1. Entity Name 03-21-2006 90019 047 ****70.00 MODEL HOUSING COOPERATIVE, INC. Principal Place of Business Mailing Address 782 NW LE JEUNE ROAD 782 NW LE JEUNE ROAD MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0334205 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GODOY, ROBERTO A 782 N W LE JEUNE ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE #3 **MIAMI FL 33126** Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. \$D TITLE Change Addition TITLE ☐ Delete SANTOYO, GUADALUPE SANTOYO, GUADALUPE 2595 S.W. 134 AVE STREET ADDRESS STREET ADDRESS 16055 S.W. 54th TERRACE MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLA 33185 Change TD Addition TITLE ☐ Delete TITLE CUELLAR, ROSITA P NAME NAME CŨELLAR, ROSITA P 1021 SW 74TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CiTY-ST-ZIP TITLE PΩ TITLE Change Addition CUELLAR ROSITA P. CUELLAR, ROSITA P NAME NAME STREET ADDRESS 1021 S.W. 74 AVE STREET ADDRESS 9251 S.W. 17th STREET CITY-ST-ZIP MIAMI FL 33144 CITY-ST-7IP MTAMT, FLA 33165 VPD Delete Change TITLE TITLE ☐ Addition VPD NAME DE LA ROSA, RAIMUNDO NAME YAIMA LEMUS 7241 SW 120 ST STREET ADDRESS STREET, APT.#8 STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

110110r 03/01/2006

if changed, or on an attachment with an address, with all other like empowered.

FILED