

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90011 022 \*\*\*\*70.00

**DOCUMENT # N45498**

1. Entity Name  
**MODEL HOUSING COOPERATIVE, INC.**



Principal Place of Business

**782 NW LE JEUNE ROAD 1475 WEST  
#3 FLAGLER  
MIAMI, FL 33126 US #1  
MIAMI, FL 33125 USA**

Mailing Address

**782 NW LE JEUNE ROAD 9041 KENDALL  
#3 DRIVE  
MIAMI, FL 33126 US MIAMI, FL  
33176 USA**



**DO NOT WRITE IN THIS SPACE**

04302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0334205**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GODOY, ROBERTO A  
782 N W LE JEUNE ROAD  
SUITE #3  
MIAMI, FL 33126**

**GODOY, ROBERTO A  
9041 KENDALL DRIVE  
MIAMI, FLORIDA 33176**

**DO NOT WRITE  
IN THIS SPACE**

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

*Roberto A Godoy*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/21/08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SANTOYO, GUADALUPE  
16055 S.W. 54TH TERRACE  
MIAMI, FL 33185**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
CUELLAR, ROSITA P  
9251 S.W. 17TH STREET  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CUELLAR, ROSITA P  
9251 S.W. 17TH ST  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
LEMUS, YAIMA  
1620 N.W. 3RD ST. APT. 8  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/21/08**

DATE

**305-968-5113**

Daytime Phone #