2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000004044

1. Entity Name

RAFÁEL HERNANDEZ HOUSING AND ECONOMIC DEVELOPMENT CORP.



Feb 28, 2005 08:00 AM Secretary of State

FILED

Principal Place of Business

2400 N MIAMI AVE. MIAMI, FL 33127 US Mailing Address

2400 N MIAMI AVE. MIAMI, FL 33127



02112005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0433647

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHHED, CORP. 2400 N MIAMI AVENUE MIAMI, FL 33127

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,				114	ITIIS 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			AND ADDRESS OF THE PROPERTY OF
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERA, ANDRES 3301 N.W. 15TH ST. MIAMI, FL				(1))(1)(1)(24E4)(4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINTANA, DOROTHY 263 N.W. 34TH ST. MIAMI, FL 33127				روان با 1 <u>د با بای</u> این نیا اداخت با نیزین از این
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ROSA, LUIS 1801 CORAL WAY STRE 407 MIAMI, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIJJAR, GEORGE N 1531 SW 27 STREET MIAMI, FL 33142			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERAZA, JOSE M 161 NW 29TH STREET MIAMI, FL 33127				
NAME STREET ADDRESS CITY-ST-ZIP	C GORT, WIFREDO 600 BRICKELL AVENUE STE. 301M MIAMI, FL 33131				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 reads under certify that the information					

12. I needy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath, 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 AN

ENATURE AND YIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 Date

576-9895