


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004044

1. Entity Name
RAFAEL HERNANDEZ HOUSING AND ECONOMIC DEVELOPMENT CORP.



Principal Place of Business 2400 N MIAMI AVE. MIAMI, FL 33127 US	Mailing Address 2400 N MIAMI AVE. MIAMI, FL 33127 US
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02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0433647	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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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 rehashing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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	D FERRERA, ANDRES 3301 N.W. 15TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINTANA, DOROTHY 263 N.W. 34TH ST. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ROSA, LUIS 1801 CORAL WAY STRE 407 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIJJAR, GEORGE N 1531 SW 27 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERAZA, JOSE M 161 NW 29TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GORT, WIFREDO 600 BRICKELL AVENUE STE. 301M MIAMI, FL 33131

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12. I hereby certify that the information supplied with this filing 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 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]* Executive Director **2/11/05** (305) 576-9895

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #