

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004044

FILED
Apr 01, 2009
Secretary of State

Entity Name: RAFAEL HERNANDEZ HOUSING AND ECONOMIC DEVELOPMENT CORP.

Current Principal Place of Business:

2400 N MIAMI AVE.
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

2400 N MIAMI AVE.
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 65-0433647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RHHED, CORP.
2400 N MIAMI AVENUE
MIAMI, FL 33127 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: T () Delete
Name: FERRERA, ANDRES
Address: 3301 N.W. 15TH ST.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: QUINTANA, DOROTHY
Address: 263 N.W. 34TH ST.
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: DE ROSA, LUIS
Address: 1801 CORAL WAY STRE 407
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: MC DOUGAL, PETER N
Address: 1532 TREVINO QVENUE
City-St-Zip: MIAMI, FL 33134

Title: D (X) Delete
Name: PERAZA, JOSE M
Address: 161 NW 29TH STREET
City-St-Zip: MIAMI, FL 33127 US

Title: C () Delete
Name: GORT, WIFREDO
Address: 600 BRICKELL AVENUE STE. 301M
City-St-Zip: MIAMI, FL 33131 US

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
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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: JANITZA TORRES-KAPLAN

ED

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date