

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 12, 2008
Secretary of State

DOCUMENT# N94000004404

Entity Name: H.E.L.P. (HIV EDUCATION AND LAW PROJECT), INC.**Current Principal Place of Business:**1210 WASHINGTON AVE., #245
MIAMI BEACH, FL 33139 US**New Principal Place of Business:**935 PENNSYLVANIA AVENUE
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MIAMI BEACH, FL 33139 US**Current Mailing Address:**1210 WASHINGTON AVE., #245
MIAMI BEACH, FL 33139 US**New Mailing Address:**935 PENNSYLVANIA AVENUE
1
MIAMI BEACH, FL 33139 US**FEI Number:** 65-0528634**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LUBETSKY, CARY ALAN
MELLON FINANCIAL CENTER
1111 BRICKELL AVE., 29TH FLOOR
MIAMI, FL 33131 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:** D () Delete
Name: VOGEL LUBETSKY, CARYN
Address: 9953 NE 4TH AVE RD
City-St-Zip: MIAMI SHORES, FL 33139**Title:** P () Delete
Name: LUBETSKY, CARY A
Address: 9953 NW 4TH AVE RD
City-St-Zip: MIAMI, FL 33138**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: VOGEL LUBETSKY, CARYN
Address: 935 PENNSYLVANIA AVENUE, SUITE
City-St-Zip: MIAMI BEACH, FL 33139**Title:** DP (X) Change () Addition
Name: CENECHARLES, HILDA
Address: 935 PENNSYLVANIA AVE, SUITE 1
City-St-Zip: MIAMI, FL 33139**Title:** T () Change (X) Addition
Name: CASAS, CLARE
Address: 935 PENNSYLVANIA AVE SUITE 1
City-St-Zip: MIAMI BEACH, FL 33139

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: CARYN LUBETSKY

D

06/12/2008

Electronic Signature of Signing Officer or Director

Date