
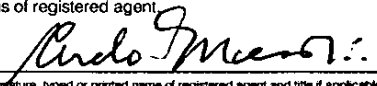
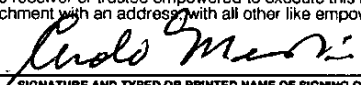


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90045 039 ****70.00

DOCUMENT # N96000002062					
1. Entity Name ALLAPATTAH COMMUNITY HOUSING, INC.					
Principal Place of Business 1380 NW 24TH AVE OFFICE MIAMI, FL 33125		Mailing Address 1380 NW 24TH AVE OFFICE MIAMI, FL 33125			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0677564	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MESA, ARDO 3471 NW 5TH ST. MIAMI, FL 33125				Name ARDO MESA	
				Street Address (P.O. Box Number is Not Acceptable)	
				249 NW 62 AVENUE	
				City MIAMI	
				FL Zip Code 33126	
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 				DATE 2/7/05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, ARDO		NAME	MESA, ARDO	
STREET ADDRESS	3471 NW 5TH ST		STREET ADDRESS	249 NW 62 AVE., MIAMI, FL 33126	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP		
TITLE	TVP	<input type="checkbox"/> Delete	TITLE	TVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGUES, RANDY		NAME	EGUES, RANDY	
STREET ADDRESS	16841 N.W. 80TH COURT		STREET ADDRESS	11770 SW 24 TERR., MIAMI, FL 33175	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, ALVARADO		NAME	FAJARDO, ALVARADO	
STREET ADDRESS	10225 NW 56TH STREET		STREET ADDRESS	6039 COLLINS AVE. #633, MIAMI BEACH, FL 33140	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAMES, JESUS A		NAME	EDUARDO TELLA	
STREET ADDRESS	3630 S.W. 26TH STREET		STREET ADDRESS	11337 NW 15 CT., PEMBROKE PINES, FL 33026	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUTTON, DOUGLAS		NAME	FRANCISCO M. BALBUENA	
STREET ADDRESS	7853 W 36TH AVENUE 101		STREET ADDRESS	9581 FOUNTAINBLEU BLVD. #8, MIAMI, FL 33172	
CITY-ST-ZIP	HIALEAH, FL 33018		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUSA, JOSE E		NAME		
STREET ADDRESS	9145 FOUNTAINBLEU BLVD. #8		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			ARDO MESA, PRESIDENT		305 6331101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #