


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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
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01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MESA, ARDO
 249 NW 62 AVENUE
 MIAMI, FL 33126**

DO NOT WRITE IN THIS 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$81.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1032206-80033-021 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MESA, ARDO 249 NW 62 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP EGUES, RANDY 11770 SW 24 TERR MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAJARDO, ALVARADO 6039 COLLINS AVE #633 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELLA, EDUARDO 11337 NW 15 CT PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTTON, DOUGLAS 7853 W 36TH AVENUE 101 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAUSA, JOSE E 8145 FOUNTAINBLEU BLVD. #8 MIAMI, FL 33172

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X/ Ardo Mesa Ardo Mesa 2/28/06 305-633-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #