
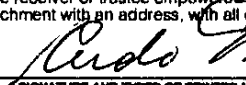


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 #833 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 9145 FOUNTAINBLEU BLVD. #8 MIAMI, FL 33172	
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:  Ardo Mesa/ President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/1/07 <small>Date</small> (305) 633-1161 <small>Daytime Phone #</small>



01052007 No Chg-NP CR2E037 (4/06)

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

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03/20/07-80001-022 70.00

**DO NOT WRITE
IN THIS SPACE**