

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2009
Secretary of State**

DOCUMENT# N96000002062

Entity Name: ALLAPATTAH COMMUNITY HOUSING, INC.

Current Principal Place of Business:

1380 NW 24TH AVE
OFFICE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1380 NW 24TH AVE
OFFICE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0677564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MESA, ARDO
249 NW 62 AVENUE
MIAMI, FL 33126 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: CP () Delete
Name: MESA, ARDO
Address: 249 NW 62 AVE
City-St-Zip: MIAMI, FL 33126

Title: TVP () Delete
Name: EGUES, RANDY
Address: 11770 SW 24 TERR
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: FAJARDO, ALVARADO
Address: 6039 COLLINS AVE #633
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: TELLA, EDUARDO
Address: 11337 NW 15 CT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: DUTTON, DOUGLAS
Address: 7853 W 36TH AVENUE 101
City-St-Zip: HIALEAH, FL 33018

Title: DS () Delete
Name: DAUSA, JOSE E
Address: 9145 FOUNTAINBLEU BLVD. #8
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MESA, ARDO
Address: 249 NW 62 AVE
City-St-Zip: MIAMI, FL 33126

Title: TVP (X) Change () Addition
Name: BALBUENA, FRANCISCO M
Address: 9581 FOUNTAINBLEU BLVD #203
City-St-Zip: MIAMI, FL 33172

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
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: ARDO MESA

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date