2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006254

Entity Name: H*E*L*P/ECOLOGOS, INC.

FILED Mar 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5401 COLLINS AVE., SUITE 226 696A NE 71 ST MIAMI BEACH, FL 33140 MIAMI, FL 33138-571

Current Mailing Address: New Mailing Address:

P.O. BOX 402666 696A NE 71 ST MIAMI, FL 331400666 MIAMI, FL 33138

FEI Number: 65-0794305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORTI, LAWRENCE J
5401 COLLINS AVE., SUITE 226
MIAMI BEACH, FL 33140 US
FORTI, LAWRENCE J
696A NE 71 ST
MIAMI, FL 33138 US

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: 03/16/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 FORTI, LAWRENCE J
 Name:
 FORTI, LAWRENCE J

 Address:
 5401 COLLINS AVE., SUITE 226
 Address:
 696A NE 71 ST

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 MIAMI, FL 33138

Title: D () Delete Title: D (X) Change () Addition Name: MONTES, EDWARD Name: MONTES, EDWARD

Address: 2833 OARDILAL DR Address: 2833 CARDINAL DRIVE
City-St-Zip: SIERRA VISTA, AZ 85635
City-St-Zip: SIERRA VISTA, AZ 85635

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 POSTREL, JAY
 Name:
 GABRIEL, WENDELL

 Address:
 1030 9TH ST STE 605
 Address:
 5401 COLLINS AVE, #226

 City-St-Zip:
 HOMESTEAD, FL 33039
 City-St-Zip:
 MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE J FORTI PD 03/16/2004