



**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90363 028 \*\*\*\*\*70.00

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N98000001569</b>					
1. Entity Name <b>AMERICA HELPING AMERICA, INC.</b>					
Principal Place of Business <b>2902 NW 2ND AVE MIAMI, FL 33127</b>		Mailing Address <b>2902 NW 2ND AVE MIAMI, FL 33127</b>			
2. Principal Place of Business		3. Mailing Address		 <b>04282004 Chg-NP CR2E037 (10/03)</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0784339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MEDEROS, LEONEL 2902 NW 2 AVE MIAMI, FL 33127</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 reinstating.)</small> DATE: _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, JOSEFA</b>			NAME	<b>Emoc Zangronis</b>
STREET ADDRESS	<b>340 NW 63RD CT</b>			STREET ADDRESS	<b>151 W 11 SE</b>
CITY-STATE-ZIP	<b>MIAMI, FL 33126</b>			CITY-STATE-ZIP	<b>Hialeah FL 33010</b>
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLETI, LIA</b>			NAME	
STREET ADDRESS	<b>33 PALERMO AVE</b>			STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI, FL 33145</b>			CITY-STATE-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SICRE, HORACIO</b>			NAME	
STREET ADDRESS	<b>33 PALERMO AVE</b>			STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI, FL 33145</b>			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-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 147, 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: <b>Leonel Mederos</b>				Date: <b>4/24/04</b> 305.573.8383	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: _____ Daytime Phone # _____	