

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002305

FILED
Jan 10, 2005
Secretary of State

Entity Name: HELP FROM THE HEART FOUNDATION, INC.

Current Principal Place of Business:

1050 NE 215TH STREET
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1050 NE 215TH STREET
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 65-0911398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANNA, FRANCINE PASTOR
941 NW 176TH TERRACE
MIAMI, FL 33169 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: PD () Delete
Name: HANNA, JOSEPH R
Address: 941 NW 176TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: MOSS, VANESSA
Address: 3705 SW 52ND AVENUE, #103
City-St-Zip: HOLLYWOOD, FL 33023

Title: TD () Delete
Name: BENING, STEPHEN L
Address: 5720 LAKESIDE DRIVE, #619
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: MILLER, PAULETTA
Address: 217 SW 23RD STREET, #4
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: D (X) Delete
Name: MARTIN, MARILYN
Address: 6895 WEST 3RD AVENUE
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SAMA-HARRIS, MARIA
Address: 19901 NW 67TH CT
City-St-Zip: HIAELAH, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARY, JOSEPH
Address: 6127 NW 174TH TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCINE HANNA

RA

01/10/2005

Electronic Signature of Signing Officer or Director

Date