


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90019 037 ****70.00

DOCUMENT # N99000002305	
1. Entity Name HELP FROM THE HEART FOUNDATION, INC.	

Principal Place of Business 1066 NE 215 ST MIAMI, FL 33179 US	Mailing Address 1066 NE 215 ST MIAMI, FL 33179 US
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40027988



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0911398	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HANNA, FRANCINE PASTOR 1066 NE 215TH ST MIAMI, FL 33179		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 _____ (NOTE: Registered Agent signature required when reinstating) 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	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANNA, JOSEPH R		NAME				
STREET ADDRESS	941 NW 176TH TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMA-HARRIS, MARIA		NAME	Meredes, Estralia			
STREET ADDRESS	19901 NW 67TH CT		STREET ADDRESS	18206 SW 26th CT			
CITY-ST-ZIP	HIAELAH, FL 33015		CITY-ST-ZIP	Miramar, FL 33029			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENING, STEPHEN L		NAME				
STREET ADDRESS	5720 LAKESIDE DRIVE, #619		STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARY, JOSEPH		NAME				
STREET ADDRESS	6127 NW 174TH TERRACE		STREET ADDRESS				
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: Francine Hanna Date: 2/28/07 Daytime Phone #: (305) 370 4786