

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005322

Entity Name: PROJECT CHILDHELP, INC.

FILED  
Apr 28, 2004  
Secretary of State

**Current Principal Place of Business:**

10030 SW 84 STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10030 SW 84 STREET  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 52-2203362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALLADARES, O FRANK  
10030 SW 84 STREET  
MIAMI, FL 33173

**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: D ( ) Delete  
Name: TEJEDOR, RAY  
Address: 13935 S.W. 10TH STREET  
City-St-Zip: MIAMI, FL 33184

Title: VPD ( ) Delete  
Name: VALLADARES, O FRANK  
Address: 66 W FLAGLER ST 2 FL  
City-St-Zip: MIAMI, FL 33130

Title: PSTD ( ) Delete  
Name: VALLADARES, LOURDES M  
Address: 10030 SW 84TH STREET  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: MUINOS, WILLIAM I  
Address: 914 OSORIO AVENUE  
City-St-Zip: MIAMI, FL 33146

Title: D ( ) Delete  
Name: MARTINEZ, ORLANDO  
Address: 1117 SW 88 AVE.  
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete  
Name: MARTINEZ, PAULA  
Address: 1117 SW 88 AVE.  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DALOMBA, MARISELA  
Address: 19 LAURIE DR  
City-St-Zip: EAST BRUNSWICK, NJ 08816

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:

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: LOURDES VALLADARES

PSTD

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date