## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005322

Entity Name: PROJECT CHILDHELP, INC.

FILED Apr 08, 2005 Secretary of State

	incipal Place of Business: 84 STREET	New Principal Place of Business:
MIAMI, FL		
Current Ma	ailing Address:	New Mailing Address:
10030 SW MIAMI, FL	84 STREET 33173	
FEI Number:	52-2203362 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:
10030 SW MIAMI, FL		e purpose of changing its registered office or registered agent, or both,
in the State		
SIGNATUR		
	Electronic Signature of Registered A	gent Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( ) Delete DALOMBA, MARISELA 19 LAURIE DR EAST BRUNSWICK, NJ 08816	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete VALLADARES, O FRANK 66 W FLAGER ST 2 FL MIAMI, FL 33130	Title: VPD (X) Change ( ) Addition Name: VALLADARES, O FRANK Address: 10030 SW 84TH STREET City-St-Zip: MIAMI, FL 33173
Title: Name: Address: City-St-Zip:	PSTD () Delete VALLADARES, LOURDES M 10030 SW 84TH STREET MIAMI, FL 33173	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete MUINOS, WILLIAM I 914 OSORIO AVENUE MIAMI, FL 33146	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete MARTINEZ, ORLANDO 1117 SW 88 AVE. MIAMI, FL 33174	Title: D (X) Change ( ) Addition Name: ESPINOSA, ELIZABETH Address: 9225 COLLINS AVENUE #311 City-St-Zip: SUFSIDE, FL 33154
Title: Name: Address: City-St-Zip:	D (X) Delete MARTINEZ, PAULA 1117 SW 88 AVE. MIAMI, FL, 33174	Title: ( ) Change ( ) Addition Name: Address: City-St-Zin:

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: O FRANK VALLADARES VPD 04/08/2005