

PROFIT CORPORATION ANNUAL REPORT

IDENTIFICATION # P00000027896

AN HELP CENTER, INC



FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90031 002 ***150.00

34031643



03152004 Chg-P CR2E034 (10/03)

Principal Place of Business 739 E ATLANTIC BLVD POMPANO BEACH, FL 33064		Mailing Address 739 E ATLANTIC BLVD POMPANO BEACH, FL 33064	
2. Principal Place of Business 2712 E. ATLANTIC BLVD Suite, Apt. #, etc.		3. Mailing Address 2712 E. ATLANTIC BLVD Suite, Apt. #, etc.	
City & State POMPANO BEACH		City & State POMPANO BEACH	
Zip FLORIDA	Country USA	Zip FLORIDA	Country USA
4. FEI Number 65-0991627		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVES, WILSON R 739 E ATLANTIC BLVD POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name ALVES, WILSON R Street Address (P.O. Box Number is Not Acceptable) 2712 E. ATLANTIC BLVD City POMPANO BEACH FL Zip Code 33062	
--	--	---	--

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVES, WILSON R 739 E ATLANTIC BLVD POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVES, WILSON R 2712 E. ATLANTIC BLVD POMPANO BEACH - FL-33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *[Signature]* 03/15/2004 (954) 942-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #