

FEI No: 562453172

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/15

FILED
May 22, 2007 8:00 am
Secretary of State

04-19-2007 90192 021 ***150.00

DOCUMENT # P05000024207					
1. Entity Name THE HOUSE OF GOD'S FAMILY, INC.					
Principal Place of Business 1945 NE 198 TER MIAMI, FL 33179			Mailing Address PO BOX 800647 AVENTURA, FL 33280		
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	4. FEI Number APPLIED FOR 562453172	
5. Certificate of Status Desired ☐				APPLIED FOR 562453172	
				Applied For Not Applicable	
8. Name and Address of Current Registered Agent FLORESTANT, YOLANDE 1945 NE 198 TER MIAMI, FL 33179				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
9. 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 <u><i>Yolande Florestant</i></u> DATE <u>4-17-07</u>					
(NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐		\$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	PVST FLORESTANT, YOLANDE 1945 NE 198 TER MIAMI, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 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: <u><i>Yolande Florestant</i></u> DATE <u>4-17-07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					