

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045791

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BROWNSVILLE AFFORDABLE HOUSING DEVELOPMENT CORP.

## Current Principal Place of Business:

4520 NW 27TH AVE., STE. 3  
MIAMI, FL 33142

## New Principal Place of Business:

2613 NW 54TH STREET  
MIAMI, FL 33142

## Current Mailing Address:

4520 NW 27TH AVE., STE. 3  
MIAMI, FL 33142

## New Mailing Address:

2613 NW 54TH STREET  
MIAMI, FL 33142

FEI Number: 20-2958614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLACK, ROBERT J  
901 PONCE DE LEON BLVD., PENTHOUSE STE.  
CORAL GABLES, FL 33134 US

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOVETT, LARRIE M II.  
Address: 4520 NW 27TH AVE., STE. 3  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: PORTER, RONALD  
Address: 4520 NW 27TH AVE., STE. 3  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: BLACK, ROBERT J  
Address: 901 PONCE DE LEON BLVD., PENTHOUSE STE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: MURPHY, FRED  
Address: 5415 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete  
Name: LENO, JAMES  
Address: 6810 NW 28TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: D (X) Delete  
Name: LENO, CALVIN  
Address: 1618 NW 195TH STREET  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LOVETT, DARRYL  
Address: 2911 NW 43RD STREET  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TATE, SHONAE  
Address: 2663 SW 82ND AVENUE  
City-St-Zip: MIRAMAR, FL 33025

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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRIE M LOVETT II

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date