

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718051

**Entity Name:** HERE'S HELP, INC.

**Current Principal Place of Business:**

15100 N.W. 27TH AVENUE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

15100 N.W. 27TH AVENUE  
OPA LOCKA, FL 33054 US

**FEI Number:** 59-1298067

**Certificate of Status Desired:** No

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

WILSON-WATSON, JULIE  
2470 NE 23RD STREET  
POMPANO BEACH, FL 33062 US

*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

**Officer/Director Detail :**

Title TD  
Name BOOTH, RICHARD  
Address 4405 GRANADA BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title PD  
Name WILSON-WATSON, JULIE  
Address 2470 NE STREET  
City-State-Zip: POMPANO BEACH FL 33062

Title SD  
Name MENDEZ, IGNACIO  
Address 13000 NW 42ND AVENUE  
City-State-Zip: MIAMI FL 33054

Title D  
Name BADIA, JOSEPH  
Address 1400 NW 93RD AVENUE  
City-State-Zip: MIAMI FL 33172

Title D  
Name GUTIERREZ, ARMANDO  
Address 1350 NW 8TH CT. PH7  
City-State-Zip: MIAMI FL 33136

Title D  
Name RIVERA, MAGGIE  
Address 5900 SW 85 ST.  
City-State-Zip: MIAMI FL 33143

Title D  
Name KROSS, JOHN  
Address 15100 N.W. 27TH AVENUE  
City-State-Zip: OPA LOCKA FL 33054

*I hereby 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 all other like empowered.*

**SIGNATURE:** JULIE WILSON-WATSON

PD

01/15/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date