


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90011 014 ****61.25

DOCUMENT # N98000004319			
1. Entity Name LITTLE HAITI GATEWAY, INC.			
Principal Place of Business 155 S MIAMI AV SUITE 1150 MIAMI, FL 33131		Mailing Address 155 S MIAMI AV SUITE 1150 MIAMI, FL 33131	
2. Principal Place of Business 155 S. MIAMI AVENUE		3. Mailing Address 155 S. MIAMI AVENUE	
Suite, Apt. #, etc. 850		Suite, Apt. #, etc. 850	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131		Zip 33131	
Country		Country	
4. FEI Number 91-1920705		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 PELLERIN BARCUS, MARIA 455 SOUTH MIAMI AVE. SUITE 1150 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: CARFOUR SUPPORTIVE HOUSING, INC. Street Address (P.O. Box Number is Not Acceptable): 155 S. MIAMI AVENUE SUITE 850 City: MIAMI FL Zip Code: 33131	
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: <i>Stephanie Berman</i>		DATE: 2/20/06	
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASALE, FRANKLYN 16400 NW 32 AVENUE MIAMI, FL 33054 <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	C QUICK, LINDA S 6363 TAFT STREET, SUITE 200 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANNER, STEPHEN 1101 BRICKLEY AVE, STE 1402 MIAMI, FL 33131 <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	D <input checked="" type="checkbox"/> Delete BELL, ED 717 VIA VERONA DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN MESSAR 301 BRICKER AVE ST 2450 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete GARCIA, TERE 2601 S. BAYSHORE DRIVE 10TH FLOOR MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR PERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete BARCUS, MARIA P. 155 SOUTH MIAMI AVE., SUITE 1150 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEPHANIE BERMAN 155 S. MIAMI AVENUE, SUITE 850 MIAMI FL 33131
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 617, 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: <i>Stephanie Berman</i>		DATE: 2/20/06 (305) 8371-8300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	