


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90048 050 ****61.25

DOCUMENT # N98000004319

1. Entity Name
LITTLE HAITI GATEWAY, INC.



40073325

Principal Place of Business
~~155 S MIAMI AVE~~
~~SUITE 850~~
MIAMI, FL 33131

Mailing Address
~~155 S MIAMI AVE~~
~~SUITE 850~~
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
2828 CORAL WAY
 Suite, Apt. #, etc.
500

3. Mailing Address
2828 CORAL WAY
 Suite, Apt. #, etc.
500



02122008 Chg-NP CR2E037 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
91-1920705

Applied For
 Not Applicable

Zip
33145

Country

Zip
33145

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CARRFOUR SUPPORTIVE HOUSING, INC.
155 SOUTH MIAMI AVE.
SUITE 850
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **CARRFOUR SUPPORTIVE HOUSING, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
2828 CORAL WAY
SUITE 500
 City **MIAMI** FL Zip Code **33145**

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 *Stephanie Berman* DATE 4/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
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	D QUICK, LINDA S 6363 TAFT STREET, SUITE 200 HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete
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	VC MESSAR, JOHN 801 BRICKELL AVE ST 2450 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GARCIA, TERE 2601 S. BAYSHORE DRIVE 10TH FLOOR MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMAN, STEPHANIE 155 S MIAMI AVE SUITE 850 MIAMI, FL 33131	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR ALAN OSEDA 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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: *Stephanie Berman* DATE 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR