

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004319

FILED
Apr 30, 2009
Secretary of State

Entity Name: LITTLE HAITI GATEWAY, INC.

Current Principal Place of Business:

2828 CORAL WAY
500
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2828 CORAL WAY
500
MIAMI, FL 33145

New Mailing Address:

FEI Number: 91-1920705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARFOUR SUPPORTIVE HOUSING, INC.
2828 CORAL WAY
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CASALE, FRANKLYN
Address: 16400 NW 32 AVENUE
City-St-Zip: MIAMI, FL 33054

Title: VC () Delete
Name: OSEDA, ALAN
Address: 2838 CORAL WAY, SUITE 500
City-St-Zip: MIAMI, FL 33145

Title: T () Delete
Name: DANNER, STEPHEN
Address: 1101 BRICKLEY AVE, STE 1402
City-St-Zip: MIAMI, FL 33131

Title: C () Delete
Name: MESSAR, JOHN
Address: 801 BRICKELL AVE ST 2450
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GARCIA, TERE
Address: 2601 S. BAYSHORE DRIVE 10TH FLOOR
City-St-Zip: MIAMI, FL 33133

Title: P () Delete
Name: BERMAN, STEPHANIE
Address: 155 S MIAMI AVE SUITE 850
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: STEPHANIE BERMAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date