

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008767

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** COMITE FANMI LAVALAS DES HAITIENS D'OUTRE MER, INC

**Current Principal Place of Business:**

6780 SUNSET STRIP  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2252  
FORT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 27-0786939      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FRANCOIS, JACOB  
6780 SUNSET STRIP  
SUNRISE, FL 33313      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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BELL, YOUSELINE  
**Address:** 8187 N. UNIVERSITY DRIVE SUITE 135  
**City-St-Zip:** TAMARAC, FL 33321 US

**Title:** VP  
**Name:** FRANCOIS, JACOB  
**Address:** 6780 SUNSET STRIP  
**City-St-Zip:** SUNRISE, FL 33313 US

**Title:** VP  
**Name:** ZEPHIRIN, MAJOLIE  
**Address:** 6780 SUNSET STRIP  
**City-St-Zip:** SUNRISE, FL 33313 US

**Title:** D  
**Name:** BELFORT, HOMERRE  
**Address:** 518 NE 20TH AVENUE  
**City-St-Zip:** BOYNTON BEACH, FL 33435 US

**Title:** D  
**Name:** JANVIER, CLAUDINE  
**Address:** 4869 NW 6TH CT  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** D  
**Name:** BONNET, YVES  
**Address:** 10018 BOYNTON PLACE CIRCLE 324  
**City-St-Zip:** BOYNTON BEACH, FL 33437 US

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: JACOB FRANCOIS

VP

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date