

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005109

**FILED**  
**Jul 22, 2021**  
**Secretary of State**  
**3034379873CC**

**Entity Name:** HELP HAITIANS LIVE INC.

**Current Principal Place of Business:**

5828 LACONIA RD  
ORLANDO, FL 32808

**Current Mailing Address:**

5828 LACONIA RD  
ORLANDO, FL 32808 US

**FEI Number:** 20-5868127

**Certificate of Status Desired:** No

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

EMILIEN, ANNA P  
5828 LACONIA RD  
ORLANDO, FL 32818 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:** ANNA EMILIEN

07/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EMILIEN, ANNA  
Address 5828 LACONIA RD  
City-State-Zip: ORLANDO FL 32808

Title ENTREPRENEUR  
Name MATHURIN, ABNET  
Address 3480 SOHO ST  
#104  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name BARNES , SHEILA  
Address 9907 8TH ST  
#453  
City-State-Zip: GOTH A FL 34734

Title TREASURER  
Name DAGUINDEAU , HERLYNE MAGDA  
Address 5727 LAKEFIELD  
City-State-Zip: ORLANDO FL 32810

Title SECRETARY  
Name SAINTIL, WIDELANDE  
Address 7343 BRIAR LYN  
City-State-Zip: ORLANDO FL 32818

Title ASST. SECRETARY  
Name BEAUSEJOUR , CLINUDE  
Address 5828 LACONIA RD  
City-State-Zip: ORLANDO FL 32808

*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:** ANNA EMILIEN

P

07/22/2021

Electronic Signature of Signing Officer/Director Detail

Date