

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009985

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**3934515745CC**

**Entity Name:** TROIS VERTUS ORGANIZATION INC

**Current Principal Place of Business:**

283 SOUTH KROME AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

283 SOUTH KROME AVE  
HOMESTEAD, FL 33030

**FEI Number:** 83-3067345

**Certificate of Status Desired:** Yes

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

FLEURIMOND, ALPHAMOND  
283 SOUTH KROME AVE  
HOMESTEAD, FL 33030 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:** ALPHAMOND FLEURIMOND

01/31/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FLEURIMOND, ALPHAMOND  
Address 283 SOUTH KROME AVE  
City-State-Zip: HOMESTEAD FL 33030

Title OFFICER  
Name JEAN, BERSON  
Address 569A SW 1ST STREET  
City-State-Zip: HOMESTEAD FL 33034

Title TREASURER  
Name CLAIREMENCIA, PIERRE SAINT  
Address 417 SW AVE E  
City-State-Zip: BELLE GLADE FL 33430

Title SECRETARY  
Name GUILLAUME , MELVIA  
Address 17 NW AVE D BELLEG  
City-State-Zip: BELLE GLADE FL 33430

Title CHAIRMAN  
Name JOSEPH , JEAN LOUIS REV.  
Address 16000 SW 112TH AVE  
City-State-Zip: MIAMI FL 33157

*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:** ALPHAMOND FLEURIMOND

**OWNER**

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date