

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000946

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: DORSAINVIL FOUNDATION INC.

**Current Principal Place of Business:**

600 N. CONGRESS AVE STE. 430A  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

600 N. CONGRESS AVE STE. 430A  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 11-3615553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DORSAINVIL, PIERRE  
600 N. CONGRESS AVE STE. 430A  
DELRAY BEACH, FL 33445 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: C ( ) Delete  
Name: DORSAINVIL, PIERRE  
Address: 600 N. CONGRESS AVE STE. 430A  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: JEAN, JOSEPH  
Address: 5544 ALBIN DR  
City-St-Zip: GREENACRES, FL 33463

Title: S ( ) Delete  
Name: SITAHAL, LORELLI  
Address: 9153 DALEMAR CT  
City-St-Zip: WELLINGTON, FL 33414

**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:

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: PIERRE DORSAINVIL

C

02/18/2008

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

\_\_\_\_\_  
Date