

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000946

FILED
Apr 20, 2009
Secretary of State

Entity Name: DORSAINVIL FOUNDATION INC.

Current Principal Place of Business:

2605 W. ATLANTIC AVE. SUITE D101
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2605 W. ATLANTIC AVE. SUITE D101
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:

DORSAINVIL, PIERRE
2605 W. ATLANTIC AVE,
D101
DELRAY BEACH, FL 33445 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: PIERRE DORSAINVIL

04/20/2009

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: C (X) Change () Addition
Name: DORSAINVIL, PIERRE
Address: 2605 W. ATLANTIC AVE, SUITE D101
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: S (X) Change () Addition
Name: SITAHAL, LORELLI
Address: 9153 DELEMAR CT
City-St-Zip: WELLINGTON, FL 33414

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

04/20/2009

Electronic Signature of Signing Officer or Director

Date