

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004022

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: INTERNATIONAL UNIVERSITY OF NURSING WEST INDIES, INC.

**Current Principal Place of Business:**

43 AVE FOUCHARD  
PAP HAITI W.I, FL 00000

**New Principal Place of Business:**

43 AVE FOUCHARD  
PAP HAITI W.I, WI 00000

**Current Mailing Address:**

6151 MIRAMAR PKWY STE 206  
MIRAMAR, FL 33023

**New Mailing Address:**

PO BOX 278887  
MIRAMAR, FL 33027

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

DURAND, NANCY  
6151 MIRAMAR PKWY STE 206  
MIRAMAR, FL 33023 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: DURAND, NANCY  
Address: PO BOX 278887  
City-St-Zip: MIRAMAR, FL 33027

Title: VCVP ( ) Delete  
Name: ST-ALBORD, LOUINEL  
Address: PO BOX 278887  
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete  
Name: MONDELUS, DAVIDSON  
Address: 43 AVE FOURCHARD  
City-St-Zip: PAP HAITI W.I, 33027

Title: T (X) Delete  
Name: AUGUSTES, SAHADIA  
Address: PO BOX 278887  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DURAND, NANCY  
Address: PO BOX 278887  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition  
Name: ST-ALBORD, LOUINEL  
Address: PO BOX 278887  
City-St-Zip: MIRAMAR, FL 33027

Title: S (X) Change ( ) Addition  
Name: MONDELUS, DAVIDSON  
Address: 43 AVE FOURCHARD  
City-St-Zip: PAP HAITI W.I, WI

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY DURAND

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date