2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109097

Entity Name: MEZON HAITI, LLC

Address:

City-St-Zip:

158-24 78TH ROAD

FLUSHING, NY 11366

FILED Mar 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 174 NE 55TH STREET 5565 NORTH STATE ROAD 7 MIAMI, FL 33137 NORTH LAUDERDALE, FL 33319 **Current Mailing Address: New Mailing Address:** 174 NE 55TH STREET 5565 NORTH STATE ROAD 7 MIAMI, FL 33137 NORTH LAUDERDALE, FL 33319 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAW OFFICES OF RALPH KENOL 2120 TYLER STREET HOLLYWOOD, FL 33020 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AUGUSTE, JOEL L Name: Name: Address: 1633 SW 158TH TERRACE Address: City-St-Zip: PEMBROKE PINES, FL 333027 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: EDOUARD, FRANTZ I Name: Address: 561 HOLLY LANE Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SAGET, ALIX Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: JOEL AUGUSTE MGMR 03/17/2006