


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006393
 1. Entity Name
 HOPE FOR HAITI'S CHILDREN INC.



Principal Place of Business: 16477 SW 100TH TERRACE, MIAMI, FL 33196
 Mailing Address: 16477 SW 100TH TERRACE, MIAMI, FL 33196

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08022005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-1040282 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KHAWLY, CYNTHIA
 16477 SW 100TH TERRACE
 MIAMI, FL 33196

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, title or printed name of registered agent and title "as is" also. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KHAWLY, CYNTHIA
STREET ADDRESS	16477 SW 100TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	KHAWLY, PATRICE
STREET ADDRESS	16477 SW 100TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	CASIMIR, YVETTE
STREET ADDRESS	16477 SW 100TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000375872
 08/08/05-80004-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia Khawly* 08-02-05 786-897-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #