


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 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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01252006 No Chg-NP CRZE037 (11/05)

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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6. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

110100460053
 03/22/06-2006-010 61.25

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 03-12-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #