

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000006393

1. Entity Name
HOPE FOR HAITI'S CHILDREN INC.



FILED
Feb 19, 2007 08:00 AM
Secretary of State

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

Mailing Address
16477 SW 100TH TERRACE
MIAMI, FL 33196



02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and 89e if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000642310
03/01/07-80038-005 61.25

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IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-2007
Date

Daytime Phone #