

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006832

FILED
Mar 21, 2005
Secretary of State

Entity Name: HAITIAN JUBILEE MINISTRIES INC.

Current Principal Place of Business:

PO BOX 245836
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

PO BOX 245836
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-1050901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. FLEUR, DOMINIQUE
3923 LAKE WORTH ROAD STE 215
LAKE WORTH, FL 33461 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ST FLEUR, DOMINIQUE
Address: 3923 LAKE WORTH RD #215
City-St-Zip: LAKE WORTH, FL 33461

Title: CT () Delete
Name: CESAR, EMMANUEL REV
Address: 22612 SW 65TH WAY
City-St-Zip: BOCA RATON, FL 33028

Title: ST () Delete
Name: VALCIN, RACHEL
Address: 5614 SW 36TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: TT () Delete
Name: VALCIN, ISMANIE
Address: 5614 SW 36TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: VALCIN, RACHEL
Address: 4993 SW 95TH AVE
City-St-Zip: COOPER CITY, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL VALCIN

ST

03/21/2005

Electronic Signature of Signing Officer or Director

Date