

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007661

FILED
Apr 22, 2009
Secretary of State

Entity Name: THREE LITTLE FLOWERS CENTER, INC.

Current Principal Place of Business:

17039 NW 19 ST.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

PO BOX 82 1031
PEMBROKE PINES, FL 330821031

New Mailing Address:

FEI Number: 65-1148956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-LOUIS, WILHEL ATD
17039 NW 19 ST.
PEMBROKE PINES, FL 33028 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: PD () Delete
Name: VINCENT, MICHAELLE
Address: 209 NE 151 ST.
City-St-Zip: MIAMI, FL 33162

Title: SD () Delete
Name: JEAN-LOUIS, WILHEL
Address: 17039 NW 19 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ATD () Delete
Name: MATHIEU, MARTINE
Address: 5412 NW 58TH TER
City-St-Zip: CORAL SPRINGS, FL 33067

Title: TD () Delete
Name: BENJAMIN, GUILHENE
Address: 18691 SW 41 ST.
City-St-Zip: MIRAMAR, FL 33029

Title: VPD () Delete
Name: GUERRIER, NANCY
Address: 720 SW 93RD AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUERRIER, NANCY
Address: 720 SW 93RD AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ATD (X) Change () Addition
Name: JEAN-LOUIS, WILHEL
Address: 17039 NW 19 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD (X) Change () Addition
Name: FABRE, MARTINE
Address: 15569 NW 12TH CT
City-St-Zip: PEMBROKE PINES, FL 33028

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

Title: VPD (X) Change () Addition
Name: PIERRE, YOLANDE
Address: 6621 COCONUT DR.
City-St-Zip: MIRAMAR, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILHEL JEAN-LOUIS

ATD

04/22/2009

Electronic Signature of Signing Officer or Director

Date