

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001120

FILED
Apr 26, 2007
Secretary of State

Entity Name: M.B. INTERNATIONAL HAITIAN REFUGEE CENTER INC.

Current Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 262
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 262
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 68-0504995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, JIMMY
448 W OAK RIDGE ROAD
#106
ORLANDO, FL 32809 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: BERTHONIER, MERILAN
Address: 750 S. ORANGE BLOSSOM TRAIL, STE. 262
City-St-Zip: ORLANDO, FL 32805

Title: O () Delete
Name: BAPTISTE, LUCIEN JEAN
Address: 2605 OCILLA COURT
City-St-Zip: ORLANDO, FL 32839

Title: S () Delete
Name: MERILAN, CHADRACK
Address: 619 DUNLIN LANE
City-St-Zip: POINCIANA, FL 34759

Title: AD () Delete
Name: JOSEPH, JIMMY
Address: 448 W OAK RIDGE ROAD, #106
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JEAN BAPTISTE LUCIEN

O

04/26/2007

Electronic Signature of Signing Officer or Director

Date