


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N02000001120	
1. Entity Name M.B. INTERNATIONAL HAITIAN REFUGEE CENTER INC.	

Principal Place of Business 750 SOUTH ORANGE BLOSSOM TRAIL SUITE 262 ORLANDO, FL 32805	Mailing Address 750 SOUTH ORANGE BLOSSOM TRAIL SUITE 262 ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-NP CR2E037 (4/06)

4. FE# Number 68-0504995	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JIMMY
448 W OAK RIDGE ROAD
#106
ORLANDO, FL 32809

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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 JOSEPH JIMMY **DATE** 4-12-08

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, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME BERTHONIER, MERILAN
STREET ADDRESS 750 S. ORANGE BLOSSOM TRAIL, STE. 262	
CITY-ST-ZIP ORLANDO, FL 32805	
TITLE O	NAME BAPTISTE, LUCIEN JEAN
STREET ADDRESS 2605 OCILLA COURT	
CITY-ST-ZIP ORLANDO, FL 32839	
TITLE S	NAME MERILAN, CHADRACK
STREET ADDRESS 619 DUNLIN LANE	
CITY-ST-ZIP POINCIANA, FL 34759	
TITLE AD	NAME JOSEPH, JIMMY
STREET ADDRESS 448 W OAK RIDGE ROAD, #106	
CITY-ST-ZIP ORLANDO, FL 32809	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	

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05/01/08-80035-010 70.00

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: Berthomer Merilan **DATE** 4-12-08 **Daytime Phone #** (407) 218-0981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR