2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N02000001120

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: BERTHONIER MERILAN MR 04/10/2009

Electronic Signature of Signing Officer or Director — Date