2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002963 VOIX LA TORTUE NONPROFIT ORGANIZATION, INC. Principal Place of Business Mailing Address 12815 N.E. 11TH AVENUE 12815 N.E. 11TH AVENUE NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 02-0554605 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOUIS-JEUNE, ACIO Street Address (P.O. Box Number is Not Acceptable) 12815 N.E. 11TH AVENUE NORTH MIAMI, FL 33161 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. REGINA CHERY (D) 1035 NE 125 ST #100 TITLE ☐ Change X Addition ☐ Delete TITLE LOUIS-JEUNE, ACIO NAME NAME STREET ADDRESS STREET ADDRESS 12815 N.E. 11TH AVENUE N. MIAMI, PL 33161 CITY-ST-ZIP NORTH MIAMI, FL 33161 CITY-ST-ZIP ROCK R. STIMPHIL (0) Change Addition ☐ Delete TITLE NAME CHESTER-FOLKES, NORMA 1035 NE 125 ST #100 STREET ADDRESS 11100 SW 197 STREET STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOUIS-JEUNE, GUERRY NAME NAME STREET ADDRESS 2917 NW 48 STREET STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP 800050617518 hange 04/13/05-01009-001 **105.00 TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-05