## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002963

FILED Apr 26, 2009 Secretary of State

Entity Name: VOIX LA TORTUE NONPROFIT ORGANIZATION, INC.

| Current Principal Place of Business:  12815 N.E. 11TH AVENUE NORTH MIAMI, FL 33161  Current Mailing Address: |   |                                  | New Princ                                   | New Principal Place of Business:  New Mailing Address:                                |  |
|--|---|----------------------------------|---|---|--|
|  |   |                                  | New Maili                                   |   |  |
|  | 11TH AVENI<br>AMI, FL 3316                          |                                  |   |   |  |
| FEI Number:  | 02-0554605  | FEI Number Applied For()         | FEI Number Not Appl                         | icable ( ) Certificate of Status Desired ( )  |  |
| Name and   | Address of  | Current Registered Agent:        | Name and                                    | Address of New Registered Agent:  |  |
|  | JNE, ACIO<br>11TH AVENI<br>IAMI, FL 3316            |                                  |   |   |  |
|  | named entity<br>of Florida.                         | submits this statement for the p | ourpose of changing i                       | ts registered office or registered agent, or both,                                    |  |
| SIGNATUF   | RE:   |                                  |   |   |  |
|  | Electro   | nic Signature of Registered Age  | ent   | Date  |  |
| OFFICERS AND DIRECTORS:  |   |                                  | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PD (<br>LOUIS-JEUNE<br>12815 N.E. 11<br>NORTH MIAMI | TH AVENUE                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | S (<br>CHESTER-FO<br>11100 SW 197<br>MIAMI, FL 33   | STREET                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change( ) Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | TR (<br>LOUIS-JEUNE<br>2917 NW 48 S<br>TAMARAC, FL  |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | TR (X) Change ( ) Addition<br>LOUIS-JEUNE, WATSON<br>2917 NW 48 STREET<br>TAMARAC, FL |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CHERY, REGI   | STREET, #100                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change( ) Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | STIMPHIL, RO  | STREET, #100                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition   |  |

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: ACIO LOUIS-JEUNE PD 04/26/2009