

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003237

FILED
Apr 30, 2009
Secretary of State

Entity Name: HORIZONTAL HOPE HAITI INC.

Current Principal Place of Business:

1805 SANS SOUCI BLVD
224
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600066
N MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 03-0440352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANOZAR, ST-SAUVEUR W
1805 SANS SOUCI BLVD #224
N MIAMI, FL 33181 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: P () Delete
Name: ANOZAR, ST-SAUVEUR W
Address: 1805 SANS SOUCI BLVD #224
City-St-Zip: N MIAMI, FL 33181 US

Title: D () Delete
Name: LUBIN, PEARLIE
Address: 1001 N.W. 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33168 US

Title: D () Delete
Name: CHERY, JEAN C
Address: 1298 N.E. 154TH STREET
City-St-Zip: MIAMI, FL 33162 US

Title: D () Delete
Name: RAYMOND, JEAN M
Address: 3752 WOODFIELD CT.
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: S () Delete
Name: ANOZAR, GARLENE M
Address: 1805 SANS SOUCI BLVD #224
City-St-Zip: N MIAMI FL, FL 33181 US

Title: D () Delete
Name: BAIN, SETH J
Address: 616 CAPRANO DRIVE
City-St-Zip: HOLY SPRINGS, NC 27540 US

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
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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: GARLENE M ANOZAR

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date