


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90243 033 ****70.00

DOCUMENT # N02000004161 1. Entity Name HELP FOR HAITIAN CHILDREN, INC.			
Principal Place of Business 5530 NW 44TH ST SUITE 405 LAUDERHILL, FL 33319		Mailing Address 5530 NW 44TH ST SUITE 405 LAUDERHILL, FL 33319	
2. Principal Place of Business 2800 ISLAND BLVD Suite, Apt. #, etc. 503		3. Mailing Address 2800 ISLAND BLVD Suite, Apt. #, etc. 503	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33160	Country USA	Zip 33160	Country USA
4. FEI Number 03-0458810		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNN, MARK J 2101 WEST COMMERCIAL BLVD., STE. 4100 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name LYNN, MARK J Street Address (P.O. Box Number is Not Acceptable) 2101 WEST COMMERCIAL BLVD # 2800 Fort Lauderdale, FL 33309 City FL Zip Code 33309	
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 <u>MARK LYNN</u> DATE January 10, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BARR, ARTHUR 5530 NW 44TH ST, STE 405 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BARR, ARTHUR 2800 ISLAND BLVD # 503 Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD BARR, FLORENCE 5530 NW 44TH ST, STE 405 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD BARR, FLORENCE 2800 ISLAND BLVD # 503 Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD DEVENSKY, DORIS 60 SW 9TH TERR. BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mark Lynn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-10-06 Daytime Phone #	