


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90008 001 ****61.25

DOCUMENT # N02000007609 1. Entity Name COMPASSION DE JESUS, INC.					
Principal Place of Business 41 NE 173 ST N. MIAMI BEACH, FL 33162			Mailing Address 41 NE 173 ST N.M.B, FL 33162		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMERICA HOME INVESTMENTS, CORP. 6034 SW 24 ST MIAMI, FL 33155			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	T PREVILLON, IMALES 41 NE 173 ST N.M.B., FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marie Myrtho Mondesir 41 NE 173 ST NMB FL 33162 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANASTOR, MARIE V 41 NE 173 ST N.M.B., FL 33162 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marie Josette Decanal 41 NE 173 ST NMB FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marie Josette Decanal 41 NE 173 ST NMB FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Dattus Fernand 41 NE 173 ST NMB FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marie Myrtho Mondesir 41 NE 173 ST NMB FL 33162 <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 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: Marie Myrtho Mondesir <i>Director</i> 5/12/05 305 654-8401 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT
20659306
Division of Corporations

Annual Report

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Document Number

N02000007609

Business Entity Name

COMPASSION DE JESUS , INC.

FEI Number

FEI Number Status

☐ Applied For ☒ Not Applicable ☐ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

41 NE 173 ST

Suite, Apt. #, etc.

City, State

N. MIAMI BEACH

FL

Zip Code & Country

33162

Mailing Address

Address

41 NE 173 ST

Suite, Apt. #, etc.

City, State

N.M.B

FL

Zip Code & Country

33162

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

AMERICA HOME INVESTMENTS, CORP.

Address (PO Box is not acceptable)

6034 SW 24 ST

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33155

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title D
Name (Last, First, Middle, Title) Mondesir, Marie, M,
-or- Entity Name
Street Address 41 NE 173 ST
City, State N.M.B., FL
Zip Code & Country 33162

Title T
Name (Last, First, Middle, Title) Previllon, Imales,
-or- Entity Name
Street Address 41 NE 173 ST
City, State N.M.B., FL
Zip Code & Country 33162

Title ~~M~~ ~~S~~ H
Name (Last, First, Middle, Title) Dattus, Fernand,
-or- Entity Name
Street Address 41 N. E 173 St
City, State North Miami Beach, FI
Zip Code & Country 33162

Title S
Name (Last, First, Middle, Title) Decana, Isosette,
-or- Entity Name
Street Address 41 NE 173 ST
City, State NMB FL
Zip Code & Country 33162

Title
Name (Last, First, Middle, Title)
-or- Entity Name

Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text"/>
Officer/Director Signature	<input type="text" value="Marie Myrtha Mondesir"/>

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

<input type="button" value="Continue"/>	<input type="button" value="Reset"/>
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<input type="button" value="Start Over"/>

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