

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90207 001 ****61.25

05-18-2007 90207 002 *****8.75

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMERICA HOME INVESTMENTS, CORP.
6034 SW 24 ST
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

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

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
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **PREVILLON, IMALES**
STREET ADDRESS **41 NE 173 ST**
CITY-ST-ZIP **N.M.B., FL 33162**

TITLE **D** ☐ Delete
NAME **MONDESIR, MARIE M**
STREET ADDRESS **41 NE 173 ST**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **S** ☒ Delete
NAME **SAINT CYR, RUTHERFORD**
STREET ADDRESS **41 NORTHEAST 173 STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE **O** ☐ Delete
NAME **FERNAND, DATTUS**
STREET ADDRESS **41 NE 173 STREET**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Saint Cyr Rutherford**
STREET ADDRESS **41 NE 173 ST**
CITY-ST-ZIP **N M B FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marie Mutha Mondesir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
66015565
Division of Corporations

Annual Report[Annual Report Help](#)

DOCUMENT NUMBER
N02000007609

BUSINESS ENTITY TYPE
COMPASSION DE JESUS, INC.

FEI Number

FEI Number Status

☐ Listed Above ☐ Applied For ☒ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection 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 -Business to serve as RA **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

ATTACHMENT

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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

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

T

Name (Last, First, Middle, Title)

PREVILLON

IMALES

- OR -

Entity Name to serve as Officer/Director

Street Address

41 NE 173 ST

City, State

N.M.B.

FL

Zip Code & Country

33162

Title

D

Name (Last, First, Middle, Title)

MONDESIR

MARIE

M

- OR -

Entity Name to serve as Officer/Director

Street Address

41 NE 173 ST

City, State

MIAMI

FL

Zip Code & Country

33162

Title

S

Name (Last, First, Middle, Title)

SAINT CYR

RUTHERFORD

- OR -

Entity Name to serve as Officer/Director

Street Address

41 NORTHEAST 173 STREET

City, State

NORTH MIAMI BEACH

FL

Zip Code & Country

33162

Title

O

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Name (Last, First, Middle, Title)

FERNAND

DATTUS

- OR -

Entity Name to serve as
Officer/Director

Street Address

41 NE 173 STREET

City, State

MIAMI

FL

Zip Code & Country

33162

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

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

Officer/Director Signature

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.

Continue

Reset

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