


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # N02000007609 |  |
| 1. Entity Name COMPASSION DE JESUS, INC. | |

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| Principal Place of Business 41 NE 173 ST N. MIAMI BEACH, FL 33162 | Mailing Address 41 NE 173 ST N.M.B, FL 33162 |
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-NP CR2E037 (4/06)

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|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AMERICA HOME INVESTMENTS, CORP. 6034 SW 24 ST MIAMI, FL 33155 |
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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</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000907298 05/05/08-80032-021 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PREVILLON, IMALES 41 NE 173 ST N.M.B., FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONDESIR, MARIE M 41 NE 173 ST MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUTHERFORD, SAINTCYR 41 NORTHEAST 173 STREET NORTH MIAMI BEACH, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O FERNAND, DATTUS 41 NE 173 STREET MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: <i>Marie Myrthe Mondesir</i> | 4/15/08 325-654-8401 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |