


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008257**  
1. Entity Name  
**OGANIZASION POU DEVLOPE REMON, INC.**



Principal Place of Business      Mailing Address  
**900 SW 30TH AVE  
FT LAUDERDALE FL 33312-2653**      **900 SW 30TH AVE  
FT LAUDERDALE FL 33312-2653**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      **65-1159631**      Applied For  
Not Applied

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DEOFILS, CELIZIER  
900 SW 30TH AVE  
FT LAUDERDALE FL 33312-2653**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	D	NAME	<input type="checkbox"/> Delete
NAME		<b>SYRIAQUE, CINE</b>	
STREET ADDRESS		<b>75 POST AVE</b>	
CITY - ST - ZIP		<b>WESTBURY NY 11590</b>	
TITLE	D	NAME	<input type="checkbox"/> Delete
NAME		<b>JEAN-LOUIS, FADINIER</b>	
STREET ADDRESS		<b>2991 SW 3TH ST</b>	
CITY - ST - ZIP		<b>FT LAUDERDALE FL 33312</b>	
TITLE	TD	NAME	<input type="checkbox"/> Delete
NAME		<b>DEOFILS, CELIZIER</b>	
STREET ADDRESS		<b>900 SW 30TH AVE</b>	
CITY - ST - ZIP		<b>FT LAUDERDALE FL 33312-2653</b>	
TITLE		NAME	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		NAME	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Change	NAME	<input type="checkbox"/> Add
NAME		<del>SYRIAQUE, CINE</del>	
STREET ADDRESS		<del>75 POST AVE</del>	
CITY - ST - ZIP		<del>WESTBURY NY 11590</del>	
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<b>DEOFILS, CELIZIER</b>	
STREET ADDRESS		<b>900 SW 30TH AVE</b>	
CITY - ST - ZIP		<b>FT LAUDERDALE FL 33312-2653</b>	

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Deofils Celizier*      **02-01-2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #