


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008498</b> 1. Entry Name <b>LITTLE HAITI EMPOWERMENT CENTER, INC.</b>	
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Principal Place of Business <b>920 N.W. 179TH STREET MIAMI FL 33169</b>	Mailing Address <b>920 N.W. 179TH STREET MIAMI FL 33169</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/05)

4. FEI Number <b>30-0173794</b>	Applied For Not Applied
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6. Name and Address of Current Registered Agent  <b>JEAN-BAPTISTE, CHRISTINE E 920 N.W. 179TH STREET MIAMI FL 33169</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD IBAPTISITE, CHRISTINE J 920 NW 179 ST MIAMI FL 33169	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	VD CHARLES, JUDE 11713 NE 2ND AVE MIAMI FL 33161	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	T VANCOL, JOSEPH K 6520 TAFT ST #244 HOLLYWOOD FL 33024	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	SD JEAN-BAPTISTE, BONNIE 920 NW 179 ST MIAMI FL 33169	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	VD BERNARD, LESLY 111 NW 183 ST MIAMI FL 33169	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	S FINTALIA, ISMA 17601 NW 12 CT MIAMI FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Christine Jean-Baptiste Baptiste* 04-27-06 | 305 | 331-750