

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 13, 2009  
Secretary of State**

DOCUMENT# N02000008498

Entity Name: LITTLE HAITI EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

920 N.W. 179TH STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

920 N.W. 179TH STREET  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 30-0173794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JEAN-BAPTISTE, CHRISTINE E  
920 N.W. 179TH STREET  
MIAMI, FL 33169      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: JBAPTISITE, CHRISTINE J  
Address: 920 NW 179 ST  
City-St-Zip: MIAMI, FL 33169

Title: VD      ( ) Delete  
Name: CHARLES, JUDE  
Address: 11713 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33161

Title: T      ( ) Delete  
Name: VANCOL, JOSEPH K  
Address: 6520 TAFT ST #244  
City-St-Zip: HOLLYWOOD, FL 33024

Title: SD      ( ) Delete  
Name: JEAN-BAPTISTE, BONNIE  
Address: 920 NW 179 ST  
City-St-Zip: MIAMI, FL 33169

Title: VD      ( ) Delete  
Name: BERNARD, LESLY  
Address: 111 NW 183 ST  
City-St-Zip: MIAMI, FL 33169

Title: S      ( ) Delete  
Name: FINTALIA, ISMA  
Address: 17601 NW 12 CT  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JBC

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

05/13/2009

\_\_\_\_\_  
Date