2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N02000009715

Entity Name: RECONSTRUIRE HAITI, INC

Current Principal Place of Business:

1075 SUNSET STRIP
#202
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

1075 SUNSET STRIP
#202
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 48-1290992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERICHE, OLICIER
1075 SUNSET STRIP
#202
SUNRISE, FL 33313 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: OLICIER, PIERICHE
Address: 1075 SUNSET STRIP 202
City-St-Zip: SUNRISE, FL 33313

Title: TD ( ) Delete
Name: SOUFFRANT, LUSSON
Address: 1075 SUNSET STRIP 202
City-St-Zip: SUNRISE, FL 33313

Title: VPD ( ) Delete
Name: CALEB, DELIARD
Address: 1075 SUNSET STRIP 202
City-St-Zip: SUNRISE, FL 33313

Title: SD ( ) Delete
Name: FABIOLA, CARTIN
Address: 1075 SUNSET STRIP 202
City-St-Zip: SUNRISE, FL 33313

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLICIER PIERICHE PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date