

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009715

FILED
May 30, 2005
Secretary of State

Entity Name: RECONSTRUIRE HAITI, INC

Current Principal Place of Business:

1075 SUNSET STRIP
#202
SUNRISE, FL 33313

New Principal Place of Business:

2984 NW 55 AVE
2 C
LAUDERHILL, FL 33313

Current Mailing Address:

1075 SUNSET STRIP
#202
SUNRISE, FL 33313

New Mailing Address:

2984 NW 55 AVE
2 C
LAUDERHILL, FL 33313

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

PIERICHE, OLICIER
1075 SUNSET STRIP
#202
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

PIERICHE, OLICIER
2984 NW 55 AVE
2 C
LAUDERHILL, FL 33313 US

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:

05/30/2005

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, LUSON
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: PD (X) Change () Addition
Name: OLICIER, PIERICHE
Address: 2984 NW 55 AVE 2C
City-St-Zip: LAUDERHILL, FL 33313

Title: TD (X) Change () Addition
Name: SOUFFRANT, LUSON
Address: 2984 NW 55 AVE 2C
City-St-Zip: LAUDERHILL, FL 33313

Title: VPD (X) Change () Addition
Name: CALEB, DELIARD
Address: 2984 NW 55 AVE 2 C
City-St-Zip: LAUDERHILL, FL 33313

Title: SD (X) Change () Addition
Name: FABIOLA, CARTIN
Address: 2984 NW 55 AVE 2 C
City-St-Zip: LAUDERHILL, FL 33313

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

05/30/2005

Electronic Signature of Signing Officer or Director

Date