

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009715

FILED
May 29, 2007
Secretary of State

Entity Name: RECONSTRUIRE HAITI, INC

Current Principal Place of Business:

1910 SW 69 TH AVE
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

1910 SW 69TH AVE
NORTH LAUDERDALE, FL 33068

New Mailing Address:

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:

Name and Address of New Registered Agent:

PIERICHE, OLICIER PD
1910 SW 69 TH AVE
NORTH LAUDERDALE, FL 33068 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERICHE, OLICIER PD
Address: 1910 SW 69 TH AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: TD () Delete
Name: LUSSON, SOUFFRANT TD
Address: 1910 SW 69 TH AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VPD () Delete
Name: DELIARD, CALEB VPD
Address: 1910 SW 69 TH AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SD () Delete
Name: CARTIN, FABIOLA SD
Address: 1910 SW 69 TH AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VPD () Delete
Name: LUC, RONEL SD
Address: 1910 SW 69 TH AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

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:

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: OLICIER PIERICHE

P

05/29/2007

Electronic Signature of Signing Officer or Director

Date