

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009715

FILED
Apr 20, 2010
Secretary of State

Entity Name: RECONSTRUIRE HAITI, INC

Current Principal Place of Business:

1342 SW CREST AVE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

5410 ORCHARD LAKE DR.
JACKSONVILLE, FL 32258

Current Mailing Address:

1342 SW CREST AVE
PORT ST LUCIE, FL 33068

New Mailing Address:

5410 ORCHARD LAKE DR.
JACKSONVILLE, FL 32258

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 PD
1342 SW CREST AVE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

PIERICHE, OLICIER PD
5410 ORCHARD LAKE DR.
JACKSONVILLE, FL 32258 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: JESPER PIERRE

04/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PIERICHE, OLICIER PD
Address: 5410 ORCHARD LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD
Name: LUSSEN, SOUFFRANT TD
Address: 5410 ORCHARD LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD
Name: MENARD, OSSE VPD
Address: 5410 ORCHARD LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD
Name: PIERRE, ASHLEY SD
Address: 5410 ORCHARD LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD
Name: PIERRE, JESPER SD
Address: 5410 ORCHARD LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD
Name: HOMICIL, NICOLAS SD
Address: 5410 ORCHARD LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: OLICIER PIERICHE

PD

04/20/2010

Electronic Signature of Signing Officer or Director

Date