

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002973

FILED
Apr 30, 2005
Secretary of State

Entity Name: DEVOTED HEARTS, INC.

Current Principal Place of Business:

12406 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1112 S 29 AVE
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 86-1056648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOUSSAINT, MARIE C
1112 S 29 AVE
HOLLYWOOD, FL 33020 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: PCED () Delete
Name: TOUSSAINT, MARIE
Address: 1112 S 29 AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD () Delete
Name: CHATELAIN, CHRISTINE R
Address: 1112 S 29 AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: CFO () Delete
Name: SABY, MARLENE
Address: 16786 N.E. 4 TH PLACE
City-St-Zip: MIAMI, FL 33164

Title: D () Delete
Name: WILLARSON, FRANTZ
Address: 12750 NW 1 AVE
City-St-Zip: MIAMI, FL 33168

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: D (X) Change () Addition
Name: PIERRE, MARSHA
Address: 1230 N.E 204 TERRACE
City-St-Zip: MIAMI, FL 33179

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: MARIE C TOUSSAINT

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date