# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2005**
**Secretary of State**

DOCUMENT# N03000004230

**Entity Name:** ALL OF US CONSIDERED/MEN/WOMEN/CHILDREN CORP.

**Current Principal Place of Business:**

MIRAGOANE, HAITI
P.O BOX 805
PORT-AU-PRINCE, HAITI

**New Principal Place of Business:**

7211 RAMONA STREET
MIRAMAR, FL 33023

**Current Mailing Address:**

7211 RAMONA STREET
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number: 41-2098056** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAULE, BROS
7211 RAMONA STREET
MIRAMAR, FL 33023 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: VP ( ) Delete
Name: BROS, ALBERT
Address: 7211 RAMONA STREET
City-St-Zip: MIRAMAR, FL 33023

Title: PM ( ) Delete
Name: BROS, PAULE
Address: 7211 RAMONA STREET
City-St-Zip: MIRAMAR, FL 33023

Title: S ( ) Delete
Name: ARNAUX, GINETTE
Address: 7211 RAMONA STREET
City-St-Zip: MIRAMAR, FL 33023

Title: TD ( ) Delete
Name: BROS, ALBERT
Address: 7211 RAMONA STREET
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ARNOUX, GINETTE
Address: 7211 RAMONA STREET
City-St-Zip: MIRAMAR, FL 33023

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: PAULE D. BROS PM 04/22/2005

Electronic Signature of Signing Officer or Director — Date