

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004762

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: HAITI HELP MED PLUS, INC.

## Current Principal Place of Business:

616 E. ALTAMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

616 E. ALTAMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

FEI Number: 20-0263595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOUSSE, RALPH  
616 E. ALTAMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701 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: PD ( ) Delete  
Name: GOUSSE, RALPH  
Address: 616 E. ALTAMONTE DRIVE - SUITE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD ( ) Delete  
Name: JABON, HENRI C  
Address: 12935 W. COLONIAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete  
Name: GOUSSE, RONALD  
Address: 781 MOUNTAIN AVE  
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: TD ( ) Delete  
Name: MATADOR, RONY  
Address: 90 COTTONWOOD  
City-St-Zip: JERSEY CITY, NJ 07305

Title: D ( ) Delete  
Name: PHILIPPEAUX, PATRICK  
Address: 20 BIRCHWOOD COURT  
City-St-Zip: EAST HANOVER, NJ 07936

## 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 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: RALPH GOUSSE

PD

03/05/2006

Electronic Signature of Signing Officer or Director

Date