

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004762

FILED
Mar 03, 2007
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 ()

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 (X) 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

03/03/2007

Electronic Signature of Signing Officer or Director

Date