
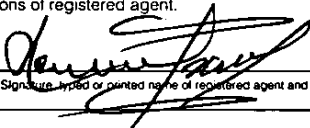
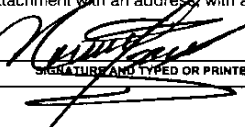


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90077 041 \*\*\*\*71.00

<b>DOCUMENT # N03000010032</b>					
1. Entity Name <b>COMMITTEE DE RELEVEMENT DE BAS-LIMBE, INC.</b>					
Principal Place of Business <b>1441 NW 29 AVENUE FT LAUDERDALE, FL 33311</b>			Mailing Address <b>1441 NW 29 AVENUE FT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business <b>1441 NW 29TH AVE</b>			3. Mailing Address <b>Same</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>11</b>		
City & State <b>Fort-Laud, FL</b>			City & State <b>11</b>		
Zip <b>33311</b>		Country <b>Bahamas</b>		Country <b>Dominican</b>	
6. Name and Address of Current Registered Agent <b>EACCOUNTANTSMALL.COM LLC 2331 NE 5 AVENUE POMPAHO BEACH, FL 33064</b>				7. Name and Address of New Registered Agent <b>Committee de Relèvement Bas-Limbe Inc 1441 NW 29TH AVE (Fort-Laud) Fort-Laud FL 33311</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
DATE <b>8/14/06</b> Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	FELIX, NORVILIEN				
STREET ADDRESS	460 NW 46 AVE				
CITY-ST-ZIP	PLANTATION, FL 33317				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	MOMPREMIER, AUGUSTIN				
STREET ADDRESS	520 SW 24 AVE				
CITY-ST-ZIP	FT LAUDERDALE, FL 33312				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	PIERRE, JACQUELIN				
STREET ADDRESS	810 SW 63 TERRACE				
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	ANDRE, JEAN R				
STREET ADDRESS	3713 SW 14 ST				
CITY-ST-ZIP	FT LAUDERDALE, FL 33312				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	MICHEL; WILFRID				
STREET ADDRESS	1324 NW 2 AVE				
CITY-ST-ZIP	FT LAUDERDALE, FL 33311				
TITLE	DCO	<input type="checkbox"/> Delete			
NAME	DAGOBERT, RODRIGUE				
STREET ADDRESS	4801 NE 6 ST				
CITY-ST-ZIP	PLANTATION, FL 33317				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					