

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000109

FILED
Apr 28, 2008
Secretary of State

Entity Name: EDGARD J. PIERRE FOUNDATION FOR CHILDREN, INC.

Current Principal Place of Business:

450 N.W. 89TH STREET
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

450 N.W. 89TH STREET
MIAMI, FL 33150

New Mailing Address:

600 NE 36TH ST PH15
MIAMI, FL 33137

FEI Number: 54-2144537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, GUYLAINE MS
450 N.W. 89TH STREET
MIAMI, FL 33150 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: P () Delete
Name: PIERRE, JEAN
Address: 2401 N.E. 199TH STREET
City-St-Zip: MIAMI, FL 33180

Title: VP () Delete
Name: PIERRE, GUY
Address: 450 N.W. 89TH STREET
City-St-Zip: MIAMI, FL 33150

Title: CEO () Delete
Name: PIERRE, GUYLAINE
Address: 450 N.W. 89TH STREET
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: OBAS, MONIQUE
Address: 450 N.W. 89TH STREET
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: PIERRE, EDGAR
Address: 600 N.E. 36TH STREET PH 15
City-St-Zip: MIAMI, FL 33137

Title: AS () Delete
Name: PIERRE, LINDA
Address: 199TH STREET
City-St-Zip: MIAMI, FL 33180

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:

Title: AS (X) Change () Addition
Name: PIERRE, LINDA
Address: 2401 NE 199TH STREET
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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: JEAN PIERRE

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date