

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
6 Jul 13, 2005 8:00 am
Secretary of State

06-07-2005 90002 039 ****61.25

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DOCUMENT # N04000000336					
1. Entity Name JEAN JACQUES DESSALINES COMMUNITY CENTER, INC.					
Principal Place of Business 8325 NE 2ND AVENUE MIAMI, FL 33138			Mailing Address 8325 NE 2ND AVENUE MIAMI, FL 33138		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1615765	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEROSE, PHILIPPE 18870 NE 21TH AVENUE N. MIAMI BEACH, FL 33179				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____					
Filing Fee is \$81.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROSE, PHILIPPE			NAME	
STREET ADDRESS	18870 NE 21ST AVENUE			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, SUSES			NAME	Jean metellus
STREET ADDRESS	13694 NE 20TH AVENUE			STREET ADDRESS	4095 Rudlan RD
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181			CITY-ST-ZIP	N Miami FL 33155
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHURIN, MORCEL			NAME	
STREET ADDRESS	14699 NE 18TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Philippe Derosé</i>				Date: <i>5/25/05</i>	
_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				_____ Daytime Phone #	