


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**


**DOCUMENT # N04000000336**

1. Entity Name  
**JEAN JACQUES DESSALINES COMMUNITY CENTER, INC.**



Principal Place of Business <b>8325 NE 2ND AVENUE          MIAMI, FL 33138</b>	Mailing Address <b>8325 NE 2ND AVENUE          MIAMI, FL 33138</b>
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**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>42-1615765</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEROSE, PHILIPPE  
 18870 NE 21TH AVENUE  
 N. MIAMI BEACH, FL 33179**

**DO NOT WRITE IN THIS SPACE**

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 \$61.25  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000571221  
 07/19/06-80008-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROSE, PHILIPPE 18870 NE 21ST AVENUE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METELLUS, JEAN 4095 RUDLAM ROAD NORTH MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTHURIN, MORCEL 14699 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Philippe Derosé* **7/5/06** **305-751-3330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #