

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90150 014 ****61.25

DOCUMENT # N04000000823

1. Entity Name

THE HYACINTHES INC.



Principal Place of Business

6331 SW 35TH CT.
MIRAMAR FL 33023

Mailing Address

6331 SW 35TH CT.
MIRAMAR FL 33023

2. Principal Place of Business

2185 N.E. 169 Street

Suite, Apt. #, etc.

2

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Address

2185 N.E. 169th Street

Suite, Apt. #, etc.

2

City & State

North Miami Beach, FL

Zip

33162

Country

USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-1217224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYACINTHE, HERZULIA
6331 SW 35TH CT.
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name HERZULIA HYACINTHE

Street Address (P.O. Box Number is Not Acceptable)

2185 N.E. 169 Street #2

City N.M.B

FL

Zip Code 33162

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

Herzulia Hyacinthe

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-22-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HYACINTHE, HERZULIA
STREET ADDRESS 6331 SW 35TH CT.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE VP ☐ Delete
NAME PIERRE, VASTHIE H
STREET ADDRESS 6331 SW 35TH CT.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE TREA ☐ Delete
NAME HYACINTHE, PROSPER
STREET ADDRESS 2350 NE 173RD STREET # 116
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME HYACINTHE, HERZULIA
STREET ADDRESS 2185 N.E. 169th Street #2
CITY-ST-ZIP N.M.B - FL - 33162

TITLE ☒ Change ☐ Addition
NAME 2185 N.E. 169th Street #2
STREET ADDRESS N.M.B. FL - 33162
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Herzulia Hyacinthe

HERZULIA HYACINTHE

4-22-05

305-944-9384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #