


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 047 ****75.00

DOCUMENT # NO 4000000823	
1. Entity Name THE HYACINTHES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2185 N.E. 169th Street		3. Mailing Address 2185 N.E. 169th Street	
Suite, Apt. #, etc. 2		Suite, Apt. #, etc. 2	
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH, FL	
Zip 33162	Country USA	Zip 33162	Country USA

60028626

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1217224		Applied For <input type="checkbox"/>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable <input type="checkbox"/>
		7. Name and Address of Current Registered Agent		
		Name HERZULIA HYACINTHE		
		Street Address (P.O. Box Number is Not Acceptable) 2185 N.E. 169th 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** DATE **3-30-06**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYACINTHE, HERZULIA 2185 N.E. 169th Street #2 N.M.B., FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASTHE H-PIERRE 2185 N.E. 169th Street #2 N.M.B., FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS HYACINTHE, PROSPER 2185 N.E. 169th Street #2 N.M.B., FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Herzulia Hyacinthe** **HERZULIA HYACINTHE** **3-30-06** **305-944-9384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)