

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90068 038 \*\*\*\*70.00

**DOCUMENT # N04000000823**

1. Entity Name

THE HYACINTHES INC.



Principal Place of Business

2185 NE 169 STREET  
2  
NORTH MIAMI BEACH FL 33162

Mailing Address

2185 NE 169 STREET  
2  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1217224

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

HYACINTHE, HERZULIA  
2185 NE 169 STREET, # 2  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name **HYACINTHE BENGHIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2185 NE 169th Street #2**  
City **North Miami Beach 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

**BENGHIE HYACINTHE**  
Signature, typed or printed name of registered agent and title if applicable  
(NOTE: Registered Agent's signature required when reinstating)

**4/9/07**  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	<input checked="" type="checkbox"/> Delete
NAME	HYACINTHE, HERZULIA	
STREET ADDRESS	2185 NE 169TH STREET, # 2	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PIERRE, VASTHIE H	
STREET ADDRESS	2185 NE 169TH STREET, # 2	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	HYACINTHE, PROSPER	
STREET ADDRESS	2350 NE 173RD STREET # 116	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYACINTHE, NEPTALIE	
STREET ADDRESS	2185 NE 169th Street #2	
CITY- ST- ZIP	N.M.B, FL 33162	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYACINTHE, BENGHIE	
STREET ADDRESS	2185 NE 169th Street #2	
CITY- ST- ZIP	N.M.B, FL 33162	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE, VASTHIE H.	
STREET ADDRESS	2185 NE 169th Street #2	
CITY- ST- ZIP	N.M.B, FL 33162	
TITLE	Administrative Assistant	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYACINTHE, HERZULIA	
STREET ADDRESS	2185 NE 169th Street #2	
CITY- ST- ZIP	N.M.B, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **BENGHIE HYACINTHE** **4/9/07** **305-546-0588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #