

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90019 016 \*\*\*\*75.00

**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 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

D  
HYACINTHE, HERZULIA  
2185 NE 169H ST. #2  
NORTH MIAMI BEACH FL 33162

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

S  
PIERRE, VASTHIE H  
2185 NE 169TH STREET, # 2  
NORTH MIAMI BEACH FL 33162

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

V.P., Director  
Pierre, VASTHIE H.

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TREA.  
HYACINTHE, PROSPER  
2350 NE 173RD STREET # 116  
NORTH MIAMI BEACH FL 33160

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

V  
HYACINTHE, BENGHIE  
2185 NE 169TH ST. #2  
MIAMI FL 33162

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

P, DIRECTOR  
HYACINTHE, BENGHIE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

P  
HYACINTHE, NEPTALIE  
2185 NE 169TH ST #2  
MIAMI FL 33162

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

S  
HYACINTHE, NEPTALIE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

305-546-0588

Date

Daytime Phone #