


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90048 029 ****61.25

DOCUMENT # N04000005153 1. Entity Name AYITI GOUVENANS, INC.					
Principal Place of Business 755 ARUNDEL CIR FT MYERS, FL 33913			Mailing Address 755 ARUNDEL CIR FT MYERS, FL 33913		
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		
6. Name and Address of Current Registered Agent VOLTAIRE, JACKSON 755 ARUNDEL CIR FT MYERS, FL 33913			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P VOLTAIRE, JACKSON 755 ARUNDEL CIR FT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH, WILLOT 10701 NW 28 PL SUNRISE, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONASSAINT, ARTY 7051 ENVIRON BLVD #134 LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ETZER BEAURA 19, IMPASSE GODEFROY DELHAS 33, PORT-AU-PRINCE, HAITI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILME, WILDAIRE 1321 NE 41 DR POMPANO BCH, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GREGORY CHARLES 19, IMPASSE GODEFROY DELHAS 33, PORT-AU-PRINCE, HAITI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EXUME, ERNEST 1621 SW 102 PL MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M SAINCLAIR OCTAVIUS 19, IMPASSE GODEFROY DELHAS 33, PORT-AU-PRINCE, HAITI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ETHÉART, JEAN-CLAUDE 755 ARUNDEL CIRCLE FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/20/08 Daytime Phone #: (239) 980-0605		