2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006
Secretary of State

DOCUMENT# N04000005345

Entity Name: NEHEMIE #7 INC.

Current Principal Place of Business:

260 NW 140 ST
MIAMI, FL 33168

New Principal Place of Business:

2121 NW 139 ST
BAY # 24
OPA-LOCKA, FL 33054

Current Mailing Address:

260 NW 140 ST
MIAMI, FL 33168

New Mailing Address:

FEI Number: 82-0573882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERRSAINT, LUCKNER
260 NW 140 ST
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERRSAINT, LUCKNER
Address: 260 NW 140 ST
City-St-Zip: MIAMI, FL 33168

Title: VT ( ) Delete
Name: LOUISSAINT, SAINT CYR J
Address: 260 NW 140 ST
City-St-Zip: MIAMI, FL 33168

Title: S ( ) Delete
Name: SAINT-JUSTE, MARC L
Address: 41 NW 203 TERR
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete
Name: EMILE, LUIDGI
Address: 7855 SIMS ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAINT CYR J. LOUISSAINT VT 06/13/2006

Electronic Signature of Signing Officer or Director — Date