

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 28, 2009
Secretary of State

DOCUMENT# N04000006890

Entity Name: CENTRE HAITIEN DE REHABILITATION SOCIALE,INC**Current Principal Place of Business:**90 NE 54TH STREET
UPPER--WEST
MIAMI, FL 33137 US**New Principal Place of Business:****Current Mailing Address:**90 NE 54TH STREET
UPPER--WEST
MIAMI, FL 33137 US**New Mailing Address:****FEI Number:** 56-2470196**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MONDESIR, LEON T
90 NE 54TH STREET
UPPER WEST
MIAMI, FL 33137 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: MONDESIR, LEON T
Address: 90 NE 54TH STREET
City-St-Zip: MIAMI, FL 33137 US**Title:** VP () Delete
Name: MARIE, MONDESIR
Address: 90 NE 54TH STREET
City-St-Zip: MIAMI, FL 33137 US**Title:** VP () Delete
Name: CHRISTINE, MONDESIR
Address: 90 NE 54TH STREET
City-St-Zip: MIAMI, FL 33137 US**Title:** C () Delete
Name: SAINT -CYR, KARINE
Address: 197 NE 156 STREET
City-St-Zip: MIAMI, FL 33162**Title:** S () Delete
Name: TELCIDE, FRITZNER
Address: 1570 NE 155 TERR
City-St-Zip: N.MIAMI, FL 33162**Title:** T (X) Delete
Name: BADIO, MARIE A
Address: 13900 NW 8 AVE
City-St-Zip: MIAMI, FL 33168**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:** C (X) Change () Addition
Name: MONTFORT, JEAN E
Address: 17639 SOUTH DIXIE HWY
City-St-Zip: MIAMI, FL 33157**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 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: LEON T.MONDESIR

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date