

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010669

FILED  
May 11, 2007  
Secretary of State

**Entity Name:** AMELIN ALEXIS FAMILY FOUNDATION INC.

**Current Principal Place of Business:**

500 SUPERIOR PLACE  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

AMELIN ALEXIS FMLY FOUNDATION, INC.  
P.O.BOX 222837  
WEST PALM BEACH, FL 33422 US

**New Mailing Address:**

AMELIN ALEXIS FMLY FOUNDATION, INC.  
500 SUPERIOR PLACE  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 20-1909143 **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:**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 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: DIR ( ) Delete  
Name: LINDOR, JEPHETE  
Address: 500 SUPERIOR PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: DIR ( ) Delete  
Name: DEVALLO, MONPREMIER  
Address: 500 SUPERIOR PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: COOR ( ) Delete  
Name: LOUIS-JUSTE, CAMLET  
Address: 500 SUPERIOR PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: TREA ( ) Delete  
Name: DESSIN, MONA  
Address: 500 SUPERIOR PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: ASST ( ) Delete  
Name: HENRY A., YSENELA  
Address: 500 SUPERIOR PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: SEC. ( ) Delete  
Name: WESMAN, SENAT  
Address: 500 SUPERIOR PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

**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:

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: JEPHETE LINDOR

DIR

05/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date