## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011133

170 NE 163 STREET

N MIAMI BEACH, FL 33162

Address:

City-St-Zip:

Entity Name: GROUPE DE SUPPORT A AQUIN, INC.

FILED Apr 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8410 NE 1ST PLACE MIAMI, FL 33138 **Current Mailing Address: New Mailing Address:** 8410 NE 1ST PLACE MIAMI, FL 33138 FEI Number: 01-0902871 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENRY, RONALD 8410 NE 1ST PLACE MIAMI, FL 33138 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EDOUARD, PIERRE-RICHARD Name: Name: 16161 NW 57TH AVE Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: GUILAINE, VICTOR A Name: Address: 20002 NE 6TH COURT CIRCLE Address: City-St-Zip: N MIAMI BEACH, FL 33179 City-St-Zip: Title: DP () Delete Title: () Change () Addition HENRY, RONALD Name: Name: 8410 NE 1ST PLACE Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: DVP ( ) Delete Title: () Change () Addition Name: CHERY, LEONEL Name: Address: 1520 SW 194TH AVENUE Address: City-St-Zip: PEMBROKE PINES, FL City-St-Zip: Title: Title: DT () Delete () Change () Addition ROY, ZABULON Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RONALD HENRY PRES 04/11/2009