

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2008  
Secretary of State

DOCUMENT# N05000001149

Entity Name: LITTLE HAITI REDEVELOPMENT GROUP CORP.

**Current Principal Place of Business:**

290 NW 165TH STREET  
SUITE P100  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

290 NW 165TH STREET  
SUITE P100  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 20-2325705      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:**

MONTES, ALIX J  
290 NW 165TH STREET, SUITE P-100  
MIAMI, FL 33169 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: D      ( ) Delete  
Name: BOX, ANTHONY  
Address: 290 NW 165TH STREET P100  
City-St-Zip: MIAMI, FL 33169

Title: D      ( ) Delete  
Name: MONTES, ALIX  
Address: 290 NW 165TH STREET SUITE P100  
City-St-Zip: MIAMI, FL 33169

Title: D      ( ) Delete  
Name: MANGONES, BOUKMAN  
Address: 290 NW 165TH STREE, P100  
City-St-Zip: MIAMI, FL 33169

Title: D      ( ) Delete  
Name: CAZEAU, BEATRICE  
Address: 290 NW 165TH STREET  
City-St-Zip: MIAMI, FL 33162

Title: D      (X) Delete  
Name: SICLAIT, EDOUARD  
Address: 290 NW 165TH STREET  
City-St-Zip: MIAMI, FL 33162

**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: D      (X) Change ( ) Addition  
Name: SICLAIT, EDOUARD  
Address: 290 NW 165TH STREET  
City-St-Zip: MIAMI, FL 33162

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: ANTHONY D BOX

D

05/01/2008

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

\_\_\_\_\_  
Date