

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001586

FILED
Apr 15, 2009
Secretary of State

Entity Name: ESTIME FOUNDATION INC.

Current Principal Place of Business:

8395 SW 186TH ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

8395 SW 186TH ST
MIAMI, FL 33157

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145 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: C () Delete
Name: PHILIPPE-HABIB, REGINA
Address: 8395 SW 186TH ST
City-St-Zip: MIAMI, FL 33157

Title: PCEO () Delete
Name: ESTIME, RAYMONDE
Address: 8395 SW 186TH ST
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: PIERRE, MARIE-PAULA
Address: 8395 SW 186TH ST
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: MONTPEIROUS, FABIENNE
Address: 8395 SW 186TH ST
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: GRAND-PIERRE, MARIE-MAUD
Address: 8395 SW 186TH ST
City-St-Zip: MIAMI, FL 33157

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:

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: FABIENNE MONTPEIROUS

V

04/15/2009

Electronic Signature of Signing Officer or Director

Date