

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011556

FILED
Apr 09, 2007
Secretary of State

Entity Name: SOLIDARITY DAME-MARIAN INC.

Current Principal Place of Business:

14425 NE 5TH AVE
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

PO BOX 382192
MIAMI, FL 33238

New Mailing Address:

FEI Number: 20-3374113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVETTE, MARCEAU
14425 NE 5TH AVE
NORTH MIAMI, FL 33161 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: LIVETTE, MARCEAU
Address: 14425 NE 5TH ST
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP () Delete
Name: SEJOUR, BERNARD
Address: 2104 WORTHINGTON RD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SEC () Delete
Name: RUBIS, LYNDA
Address: 1251 NE 108TH ST, APT 704
City-St-Zip: MIAMI, FL 33161 S

Title: AS T () Delete
Name: FORESTAL, JEAN RICOT
Address: 214 GARDEN AVE
City-St-Zip: FORT PIERCE, FL 34962

Title: AST () Delete
Name: LILITE, MAXO
Address: 1261 SANTIAGO AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: GERMAIN, ALGRACE
Address: 14427 N.E. 5 AVE.
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: RUBIS, LYNDA
Address: 424 NW 100TH ST,
City-St-Zip: MIAMI, FL 33151

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 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: MARCEAU LIVETTE

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date