

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000607

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** THE GOOD SHEPERD FOR RECONSTRUCTION CORPORATION

**Current Principal Place of Business:**

648 NE 17TH AVE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

648 NE 17TH AVE  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 76-0816660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUSTAVE, ELES, EXC.D/P  
648 NE 17TH AVE  
FORT LAUDERDALE, FL 33304 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: S ( ) Delete  
Name: ANTOINE, PIERRE  
Address: 301 PALM WAY APT 103  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: V ( ) Delete  
Name: ST-PIERRE, MARCELIN  
Address: 1528 NW 119TH ST APT 306  
City-St-Zip: MIAMI, FL 33167 US

Title: DP ( ) Delete  
Name: GUSTAVE, ELES  
Address: 648 NE 17TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: T ( ) Delete  
Name: PAUL, MARIE-CLAUDE  
Address: 1260 NW 174TH ST  
City-St-Zip: MIAMI, FL 33169 US

Title: D ( ) Delete  
Name: ISMA, GUY-ALAIN  
Address: 16341 NW 17TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: ST-PIERRE, MARCELIN  
Address: 1528 NW 119TH ST APT 306  
City-St-Zip: MIAMI, FL 33167 US

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: ELES GUSTAVE

DP

04/29/2008

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

\_\_\_\_\_  
Date