

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000382

FILED
May 28, 2009
Secretary of State

Entity Name: ORGANIZATION FOR THE DEVELOPMENT OF PORT-MARGOT, INC

Current Principal Place of Business:

1864 NW 140 TERRACE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

P.O BOX 610516
NORTH MIAMI, FL 33216

New Mailing Address:

FEI Number: 20-8270976 **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:

Name and Address of New Registered Agent:

PLUVIOSE, ODET J
1864 NW 140 TERRACE
PEMBROKE PINES, FL 33028 US

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: PLUVIOSE, ODET J
Address: 1864 NW 140 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: EDOUARD, AMBROISE F
Address: 8568 PARK HIGHLAND DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: JEAN, ANTHONY
Address: 638 NE 141 STREET
City-St-Zip: N MIAMI, FL 33161

Title: D () Delete
Name: JOCELYN, MARDIUS
Address: 1112 NE 110 TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: LAMOUR, ANDRE
Address: 1121 NE 16 ST
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: PIERRE, FENELUS F
Address: 12493 HUNTINGTON TRACE LN
City-St-Zip: ALPHARETTA, GA 30005

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:

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: ODET PLUVIOSE

P

05/28/2009

Electronic Signature of Signing Officer or Director

Date