

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001263

FILED
Jul 03, 2009
Secretary of State

Entity Name: HAITIEN RESCUE MISSION, CORP.

Current Principal Place of Business:

1290 NW 60TH STREET
MIAMI GARDENS, FL 33142

New Principal Place of Business:

1290 NW 60TH STREET
MIAMI, FL 33142

Current Mailing Address:

1290 NW 60TH STREET
MIAMI GARDENS, FL 33142

New Mailing Address:

1290 NW 60TH STREET
MIAMI, FL 33142

FEI Number: 20-8351404 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:

FLORADIN, ELIE
1290 NW 60TH STREET
MIAMI GARDENS, FL 33142 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: FLORADIN, ELIE
Address: 1290 NW 60TH STREET
City-St-Zip: MIAMI GARDENS, FL 33142

Title: D () Delete
Name: TOUSSAINT, JACOB
Address: 260 WRENA
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S () Delete
Name: EUSTACHE, ERNST
Address: 1374 NW 65 TERR
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: RAYNOND, ABRAHAM
Address: 628 33RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: TOUSSAINT, ELDA
Address: 953 NE 37TH AVE
City-St-Zip: HOMESTEAD, FL 33033

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: ELIE FLORADIN

ED

07/03/2009

Electronic Signature of Signing Officer or Director

Date