

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-07-2008 90052 011 ****61.25

DOCUMENT # N07000004458 1. Entity Name LOUINES LOUNIS HAITIAN DANCE THEATER, INC.					
Principal Place of Business 9310 NW 10TH STREET PEMBROKE PINES, FL 33024			Mailing Address 9310 NW 10TH STREET PEMBROKE PINES, FL 33024		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-8991269	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUISDHON, LUCRECE 9310 NW 10TH STREET PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Pierre, LAURETTE 9310 NW 10th Street Pembroke Pines, FL 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERRE, LAURETTE 9310 NW 10TH STREET PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Paul, Regine 9310 NW 10th Street Pembroke Pines, FL 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL, REGINE 9310 NW 10TH STREET PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lucree Louishon</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/4/08</u> Daytime Phone: <u>954-249-6682</u>		

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