

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005054

Entity Name: L'UNITE DE LA FOI, INC.

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

144 NE 169 ST
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

144 NE 169 ST
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 26-0276754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILDORT, YVES
820 NE 171 ST
N MIAMI BEACH, FL 33162 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: PD () Delete
Name: MONESTIME, JOSEPH
Address: 144 NE 169 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SD () Delete
Name: MILDORT, YVES
Address: 144 NE 169 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: TD () Delete
Name: MONESTIME, BLEETE
Address: 144 NE 169 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VPD () Delete
Name: LYSTANIS, MARIE D
Address: 144 NE 169 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: ASD () Delete
Name: BEAUBRUN, WISLANDE
Address: 144 NE 169 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D () Delete
Name: RAPHAEL, VELINE
Address: 144 NE 169 ST
City-St-Zip: N MIAMI BEACH, FL 33162

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: MILDORT, YVES

SD

04/27/2008

Electronic Signature of Signing Officer or Director

Date