

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005566

FILED
May 19, 2008
Secretary of State

Entity Name: HELPING HANDS FOR HAITI INC

Current Principal Place of Business:

686 NW 112 ST
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

686 NW 112 ST
MIAMI, FL 33168

New Mailing Address:

FEI Number: 26-1345720 **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:

JEAN, WILBERT REV.
14697 NE 18 AVE
#116
N MIAMI, FL 33181 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: P () Delete
Name: MARTIN, PIERRE M
Address: 1525 NE 135 ST
City-St-Zip: N MIAMI, FL 33161

Title: VP () Delete
Name: LAZARD, RAGUEL
Address: 10715 NE 2ND CT
City-St-Zip: MIAMI, FL 33168

Title: T () Delete
Name: CHERENFANT, REMY
Address: 686 NW 112 ST
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: BERNADEAU, FEMANDE
Address: 14697 NE 18 AVE #116
City-St-Zip: N MIAMI, FL 33181

Title: D () Delete
Name: JEAN, FRANTZ F
Address: 13798 NE 11 AVE
City-St-Zip: N MIAMI, FL 33161

Title: S () Delete
Name: JEAN, WILBERT
Address: 686 NW 112 ST
City-St-Zip: MIAMI, FL 33168

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: JEAN WILBERT

S

05/19/2008

Electronic Signature of Signing Officer or Director

Date