2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N07000005566

Entity Name: HELPING HANDS FOR HAITI INC

Current Principal Place of Business:

686 NW 112 ST
MIAMI, FL 33168

New Principal Place of Business:

11608 NW 7 AVE
MIAMI, FL 33168

Current Mailing Address:

686 NW 112 ST
MIAMI, FL 33168

New Mailing Address:

14697 NE18 AVE
#116
MIAMI, FL 33181

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: WILBERT N JEAN S 07/01/2009
Electronic Signature of Signing Officer or Director — Date