## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000899

FILED Mar 30, 2010 Secretary of State

Entity Name: OGANIZASYON POU DEVLOPE LOKALITE REMON, CORP.

Current Principal Place of Business: New Principal Place of Business:

3467 NW 37TH STREET 3550 NW 34TH AVE

LAUDERDALE LAKES, FL 33309 US N/A

LAUDERDALE LAKES, FL 33309 US

Current Mailing Address: New Mailing Address:

3467 NW 37TH STREET 3550 NW 34TH AVE

LAUDERDALE LAKES, FL 33309 US N/A

LAUDERDALE LAKES, FL 33309 US

FEI Number: 26-3972667 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELPHIN, SAMUEL
3467 NW 37TH STREET
DELPHIN, SAMUEL
3550 NW 34TH AVE

LAUDERDALE LAKES, FL 33309 US LAUDERDALE LAKES, FL 33309 US

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: DELPHIN SAMUEL 03/30/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: JEAN-LOUIS, FADINIER Address: 3550 NW 34TH AVE

City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: VP

Name: DELPHIN, SAMUEL Address: 3550 NW 34TH AVE

City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: SEC

Name: JEAN-BAPTISTE, IRVIN Address: 3550 NW 34TH AVE

City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: TRES

Name: FALUMA, WISLET Address: 3550 NW 34TH AVE

City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: PR

Name: JEAN-BAPTISTE, JOCELYN Address: 3550 NW 34TH AVE

City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: DIR

Name: METAYER, LUCCENE Address: 3550 NW 34TH AVE

City-St-Zip: LAUDERDALE LAKES, FL 33309 US

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL DELPHIN VP 03/30/2010