

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000899

FILED
Mar 07, 2011
Secretary of State

Entity Name: OGANIZASYON POU DEVOLOPE LOKALITE REMON, CORP.

Current Principal Place of Business:

3550 NW 34TH AVE
N/A
LAUDERDALE LAKES, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3550 NW 34TH AVE
N/A
LAUDERDALE LAKES, FL 33309 US

New Mailing Address:

FEI Number: 26-3972667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELPHIN, SAMUEL
3550 NW 34TH AVE
LAUDERDALE LAKES, FL 33309 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
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: FADINIER JEAN-LOUIS

P

03/07/2011

Electronic Signature of Signing Officer or Director

Date