

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005916

FILED
Mar 25, 2009
Secretary of State

Entity Name: LES AMIS DE PORT DE PAIX INC

Current Principal Place of Business:

5650 NE 55 TERRACE
SUITE C
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

PO BOX 1021
MIAMI, FL 33238

New Mailing Address:

FEI Number: 26-2888557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUGUSTIN, JEAN
900 NE 125 TH STREET
209
MIAMI, FL 33161 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: LAROSE, NERVA
Address: 960 NE 125 TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SEC () Delete
Name: BALMIR, CLAUDELLE
Address: 15221 NE 6TH AVENUE APT 302
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TR () Delete
Name: THERVIL, YVAN
Address: 258 NE 55 TERRACE
City-St-Zip: MIAMI, FL 33137

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:

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: YVAN THERVIL

TR

03/25/2009

Electronic Signature of Signing Officer or Director

Date