

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010312

FILED
Jan 07, 2009
Secretary of State

Entity Name: HAITI MAKE OVER, INC.

Current Principal Place of Business:

322 NE 115TH STREET
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

322 NE 115TH STREET
MIAMI, FL 33161

New Mailing Address:

FEI Number: 80-0306419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCIME, HENRY
322 NE 115TH STREET
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: DP () Delete
Name: ALCIME, HENRY
Address: 322 NE 115TH STREET
City-St-Zip: MIAMI, FL 33161

Title: DV () Delete
Name: PIERRE, DANNY
Address: CITE REDFORD NO 204
City-St-Zip: DELMAS, HAITI,

Title: DV () Delete
Name: DESRAVINE, ANAZULIE
Address: CITE REDFORD NO 105
City-St-Zip: DELMAS, HAITI,

Title: DS () Delete
Name: IIUS, MAUDE
Address: 17092 NE 3RD COURT
City-St-Zip: NO MIAMI BEACH, FL 33162

Title: DS () Delete
Name: COMPAS, MICHAELE
Address: DELMAS 48 NO 136
City-St-Zip: DELMAS, HAITI,

Title: DT () Delete
Name: SAINT SULIEN, DIEUDONNE
Address: CARREFOUR LA CHAUDE
City-St-Zip: CAP HAITIAN, HAITI,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: JOSEPH, FRANCIS
Address: 2800 NORTH QARIZONA AVENUE
City-St-Zip: CHANDLER, AZ 85225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ODARRIS, D'HAITI
Address: 322 NE 115TH STREET, APT.2
City-St-Zip: MIAMI, FL 33161

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: HENRY ALCIME

DP

01/07/2009

Electronic Signature of Signing Officer or Director

Date