

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010465

FILED  
Jun 18, 2010  
Secretary of State

Entity Name: CECOSIDA, INC.

**Current Principal Place of Business:**

6111 NW 73 TER  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

6111 NW 73 TER  
TAMARAC, FL 33321 US

**New Mailing Address:**

FEI Number: 26-3959425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE JF TEAM, INC  
6111 NW 73 TER  
TAMARAC, FL 33321 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-FRANCOIS, ROOSEVELT PRES  
Address: 6111 NW 73 TER  
City-St-Zip: TAMARAC, FL 33321 US

Title: C  
Name: EUSTACHE, HERMINIE  
Address: 501 NE 164 ST  
City-St-Zip: MIAMI, FL 33161 US

Title: C  
Name: PIERRE, HERMITE  
Address: 14310 NE 5 PL, APT. 4  
City-St-Zip: MIAMI, FL 33321 US

Title: P  
Name: JEAN-FRANCOIS, ROOSEVELT PRE  
Address: 6111 NW 73 TER  
City-St-Zip: TAMARAC, FL 33321

Title: VP  
Name: DORELIEN, GASPARD  
Address: 2515 UNIVERSITY AVE SE, APT 114  
City-St-Zip: SE, MN 55414

Title: C  
Name: ALEXIS, MONTFORT  
Address: 1207 HAMPTON BLV  
City-St-Zip: NORTH LAUDERDALE, FL 33067

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: ROOSEVELT JEAN-FRANCOIS

PRES

06/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date