2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007489

FILED Feb 28, 2012 Secretary of State

Entity Name: HAITI POOR CHILDREN CARE, CORP.

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

1200 FIRST ST APT E2 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

P.O. BOX 2892 KEY WEST, FL 33045

FEI Number: 27-0841846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BAPTISTE, LIONEL J
5422 ROBYN LANE
KEY WEST, FL 330406043 US
BAPTISTE, LIONEL J
1200 FIRST ST APT E2
KEY WEST, FL 33040 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: LIONEL JEAN BAPTISTE 02/28/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BAPTISTE, LIONEL J Address: 1200 FIRST ST APT E2 City-St-Zip: KEY WEST, FL 33040

Title: V

Name: EBENSON, MICHELIN Address: 3333 DUCK AVE D212 City-St-Zip: KEY WEST, FL 33040

Title: ST

Name: BAPTISTE, WINIE J Address: 13685 NE 10 AVE. #409 N

City-St-Zip: MIAMI, FL 33161

Title: M

Title:

 Name:
 BENOIT, BUARD

 Address:
 121314 ST #192

 City-St-Zip:
 KEY WEST, FL 33040

- .

 Name:
 ROSE, MARIE L

 Address:
 1300 15 CT LOT 10

 City-St-Zip:
 KEY WEST, FL 33040

Title: N

 Name:
 VERTUS, INEUS

 Address:
 5740 4TH AVE #3

 City-St-Zip:
 KEY WEST, FL 33040

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: LIONEL JEAN BAPTISTE PRES 02/28/2012