

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007755

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** COMPASSION PROJECT INTERVENTION, INC.

**Current Principal Place of Business:**

17120 SW 94TH AVENUE  
401  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

17120 SW 94TH AVENUE  
401  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 27-0697975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHARLES, MARIE M MS.  
17120 SW 94TH AVENUE  
401  
MIAMI, FL 33157 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:** CHARLES, MARIE M MS.  
**Address:** 17120 SW 94TH AVENUE #401  
**City-St-Zip:** MIAMI, FL 33157

**Title:** VP  
**Name:** CHARLES, YOLETTE M MS.  
**Address:** 17120 SW 94TH AVENUE #401  
**City-St-Zip:** MIAMI, FL 33157

**Title:** TRE  
**Name:** CLARKE, HEROLD R MR.  
**Address:** 11055 SW 159 TERRACE  
**City-St-Zip:** MIAMI, FL 33157

**Title:** SEC  
**Name:** JEAN LOUIS, RITEAU MR.  
**Address:** 20811 NE 2ND AVENUE  
**City-St-Zip:** MIAMI, FL 33179

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:** MARIE CHARLES

PD

04/01/2010

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

\_\_\_\_\_  
Date