

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007905

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** EGLISE PRIMITIVE UNIE RESTAUREE, INC.

**Current Principal Place of Business:**

18115 NW 6TH AVENUE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

18115 NW 6TH AVENUE  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CELESTIN, GUY R  
18115 NW 6TH AVENUE  
MIAMI, FL 33169    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  
Name:                      CELESTIN, GUY R  
Address:                      18115 NW 6TH AVENUE  
City-St-Zip:                      MIAMI, FL 33169

Title:                      DV  
Name:                      LUCKNER, REMY  
Address:                      18115 NW 6TH AVENUE  
City-St-Zip:                      MIAMI, FL 33169

Title:                      D  
Name:                      LOUIS, JERMANIE J  
Address:                      18115 NW 6TH AVENUE  
City-St-Zip:                      MIAMI, FL 33169

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: GUY R. CELESTIN

PRES

04/20/2010

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

\_\_\_\_\_  
Date