

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003231

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** LITTLE HAITI OPTIMIST CLUB, INC.

**Current Principal Place of Business:**

1835 N.E. MIAMI GARDENS DRIVE, #112  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1835 N.E. MIAMI GARDENS DRIVE, #112  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 27-2258066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOUISSAINT, MARIE  
1835 N.E. MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 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:** LOUISSAINT, MARIE  
**Address:** 1835 N.E. MIAMI GARDENS DRIVE, #112  
**City-St-Zip:** N. MIAMI BEACH, FL 33179

**Title:** VP  
**Name:** CARRY, ANDREW  
**Address:** 1835 NE MIAMI GARDENS DR #112  
**City-St-Zip:** N. MIAMI BCH, FL 33179

**Title:** VP  
**Name:** SEJOUR, WILKINSON  
**Address:** 1835 NE MIAMI GARDENS DR #112  
**City-St-Zip:** N. MIAMI BCH, FL 33179

**Title:** T  
**Name:** LOUISSAINT, NAOMI  
**Address:** 1835 NE MIAMI GARDENS DR #112  
**City-St-Zip:** N. MIAMI BCH, FL 33179

**Title:** S  
**Name:** PARIS, AUSLINE  
**Address:** 1835 NE MIAMI GARDENS DR #112  
**City-St-Zip:** N. MIAMI BCH, FL 33179

**Title:** D  
**Name:** LOUISSAINT, BEATRICE  
**Address:** 1835 NE MIAMI GARDENS DR #112  
**City-St-Zip:** N. MIAMI BCH, 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 LOUISSAINT

P

02/28/2011

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

\_\_\_\_\_  
Date