

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005133

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** ONE HELPS ONE HAITI MINISTRIES, INC.

**Current Principal Place of Business:**

19421 WHISPERING PINES RD.  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 971418  
MIAMI, FL 331971418

**New Mailing Address:**

19421 WHISPERING PINES RD.  
MIAMI, FL 33157

**FEI Number:** 27-2976413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CYRIAQUE, HARRY  
19421 WHISPERING PINES RD  
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: D  
Name: CYRIAQUE, HARRY  
Address: 19421 WHISPERING PINES RD.  
City-St-Zip: MIAMI, FL 33157

Title: V  
Name: CYRIAQUE, CLAREL  
Address: 1061 NE 200 LANE  
City-St-Zip: AVENTURA, FL 33179

Title: S  
Name: CYRIAQUE, EUGENIE  
Address: 1061 NE 200 LANE  
City-St-Zip: AVENTURA, FL 33179

Title: P  
Name: CADAVIECO, BARBIE  
Address: 6405 WEST 27TH LANE, BLDG 15, APT 102  
City-St-Zip: HIALEAH, FL 33016

Title: T  
Name: CYRIAQUE, GESTHA  
Address: 19421 WHISPERING PINES RD.  
City-St-Zip: MIAMI, FL 33157

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: HARRY CYRIAQUE

D

03/15/2011

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

\_\_\_\_\_  
Date