

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006876

FILED  
Mar 13, 2011  
Secretary of State

**Entity Name:** UNION POUR LE DEVELOPPEMENT DE PORT-SALUT, INC.

**Current Principal Place of Business:**

7200 NW 7TH AVENUE  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

7200 NW 7TH AVENUE  
MIAMI, FL 33150

**New Mailing Address:**

**FEI Number:** 27-3304656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAMOR, WALNES  
7200 NW 7TH AVENUE  
MIAMI, FL 33150 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: PD  
Name: ZAMOR, WALNES  
Address: 121 NW 41ST ST  
City-St-Zip: MIAMI, FL 33127

Title: VPD  
Name: SAINT HILAIRE, JEAN VENEL  
Address: 490 NE 159TH ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VPD  
Name: LACOUTY, JULES  
Address: 18711 NE 3RD CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33168

Title: SD  
Name: JEAN-CLAUDE, JN. WILFRID  
Address: 330 NE 166TH ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33168

Title: ASD  
Name: DORVIL, AROL  
Address: 2789 SUMMER SET DR #P318  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TD  
Name: CHARLES, JEAN S  
Address: 1280 NE 144TH ST  
City-St-Zip: NORTH MIAMI, FL

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: WALNES ZAMOR

PD

03/13/2011

Electronic Signature of Signing Officer or Director

Date