

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011343

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** HUMANITARIAN FOUNDATION OF DOCTOR DUFRENY, INC.

**Current Principal Place of Business:**

9999 NE 2ND AVENUE, SUITE 214  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

9999 NE 2ND AVENUE, SUITE 214  
MIAMI SHORES, FL 33138

**New Mailing Address:**

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

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

DUFRENY, ALPHONSE G DR  
9999 NE 2ND AVENUE, SUITE 214  
MIAMI SHORES, FL 33138    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: DUFRENY, ALPHONSE G  
Address: 9999 NE 2ND AVENUE, SUITE 214  
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP  
Name: ALEXIS, HERLY  
Address: P O BOX 370476  
City-St-Zip: MIAMI, FL 331370476

Title: S  
Name: THOMAS, GLADYS  
Address: LATREMBLAY 10 RTE DE MALPASSE CX DES BOUQ.  
City-St-Zip: CROIX DES BOUQUETS, HAITI WI, XX XX

Title: T  
Name: BERNARD, ELIAS  
Address: VILLAGE SOLIDARITE,RUE 3 PROLONGEE RTE  
City-St-Zip: PORT AU PRINCE, HAITI WI, XX XX

Title: D  
Name: BERNARD, NADIA  
Address: 12 REDWOOD CIRCLE  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: ULYSSE, MONA PERVIL  
Address: 182 8TH AVENUE  
City-St-Zip: BROOKLYN, NY 11215

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: DUFRENY ALPHONSE G

PR

03/27/2012

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

\_\_\_\_\_  
Date