

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16560

FILED  
Apr 18, 2009  
Secretary of State

**Entity Name:** THE ORGANIZATION FOR THE REHABILITATION OF THE ENVIRONMENT, INC.

**Current Principal Place of Business:**

3750 MAIN HIGHWAY  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3750 MAIN HIGHWAY  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 59-2588147      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FINNIGAN, SHAUN M  
812 BARCELONA DRIVE  
BOCA RATON, FL 33432 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 ( ) Delete  
Name: FINNIGAN, SHAUN  
Address: 812 BARCELONA DRIVE  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: MAGLOIRE, ELIASSAINT  
Address: POST OFFICE BOX 2314 N/A  
City-St-Zip: PORT-AU-PRINCE, HAITI,

Title: SD ( ) Delete  
Name: FINNIGAN, MONIQUE  
Address: 3750 MAIN HWY  
City-St-Zip: MIAMI, FL 33133

Title: TD ( ) Delete  
Name: GOODWIN, STEVE, MR  
Address: 110 CRESTVIEW RD  
City-St-Zip: WESTPOINT, GA 31833

Title: D ( ) Delete  
Name: DOHERTY, DAVID MR  
Address: 17701 LOCHNESS CIRCLE  
City-St-Zip: OLNEY, MD 20832 UK

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MONIQUE FINNIGAN

D

04/18/2009

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

\_\_\_\_\_  
Date