

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-23-2005 90082 049 ****75.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # N49283					
1. Entity Name PREMIER L'EGLISE PENCOTISTE HAITIAN INTERNATIONAL, INC.					
Principal Place of Business 1533 S. RIO GRANDE AVE ORLANDO FL 32805-4440			Mailing Address 1602 BREN LEE CT ORLANDO FL 32805 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3184284	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARIS, ANIS 1602 BREN LEE CT. ORLANDO FL 32805				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Anis Aris</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>2/17/05</i> <small>(NOTE: Registered Agent signature required when restateing)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARIS, ANIS		NAME		
STREET ADDRESS	1602 BRENLEE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN, JEANNETTE		NAME		
STREET ADDRESS	648 W. 18TH ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN, ALIDE		NAME		
STREET ADDRESS	1602 BREN LEE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Anis Aris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <i>3/12/05</i> <small>Date</small>	