


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 011 ****74.25

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 - No P.O. Box #
1909 S. Rio Grande Ave

3. Mailing Address
1602 Bren Lee CT

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State: **Orlando, FL**

4. FEI Number: **59-3184284**

Applied For: Not Applicable

Zip: **32805**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE: D	<input type="checkbox"/> Delete	
NAME: ARIS, ANIS		
STREET ADDRESS: 1602 BRENLEE COURT		
CITY- ST- ZIP: ORLANDO FL 32805		
TITLE: D	<input type="checkbox"/> Delete	
NAME: JEAN, JEANNETTE		
STREET ADDRESS: 648 W. 18TH ST		
CITY- ST- ZIP: ORLANDO FL 32805		
TITLE: D	<input checked="" type="checkbox"/> Delete	
NAME: JEAN, ALIDE		
STREET ADDRESS: 1602 BREN LEE COURT		
CITY- ST- ZIP: ORLANDO FL 32805		
TITLE: _____	<input type="checkbox"/> Delete	
NAME: _____		
STREET ADDRESS: _____		
CITY- ST- ZIP: _____		
TITLE: _____	<input type="checkbox"/> Delete	
NAME: _____		
STREET ADDRESS: _____		
CITY- ST- ZIP: _____		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY- ST- ZIP: _____		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY- ST- ZIP: _____		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY- ST- ZIP: _____		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY- ST- ZIP: _____		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anis Aris ANIS ARIS 2-6-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #