
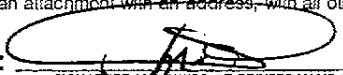


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49471</b> 1. Entity Name UNITED HOUSE OF REFUGE, INC.			
Principal Place of Business 112-118 NW PERIZ AVE OPA LOCKA FL 33054		Mailing Address P.O. BOX 380306 ✓ MIAMI FL 33238	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0339775		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GEORGES, JEAN N REV. 12385 N.W. 17 AVENUE MIAMI FL 33167		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 _____		U00000681309 04/04/07-80065-004 5.00 DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP GEORGES, JEAN N REV. 12385 N.W. 17 AVENUE MIAMI FL 33167	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000681309 04/04/07-80065-005 61.25
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP DORANZIL GEORGES, JULMENE 12385 N.W. 17 AVENUE MIAMI FL 33167	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	T JOSEPH, LUSANA 289 N.W. 108 TERRACE MIAMI FL 33168	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	D JEUDY, MARCELLE 805 NE 8 CT MIAMI FL 33138	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ALEXANDRE, LOUISE 1231 NE 14 ST MIAMI FL 33161	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	DAS BOSSE, JANNETTE 530 NE 131 ST MIAMI FL 33161	TITLE 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: 		Rev. Jean N. Georges 3-19-07 Date Daytime Phone #	