
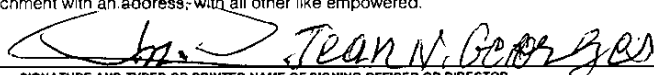


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90043 007 ****61.25

DOCUMENT # N49471					
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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
.Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GEORGES, JEAN N REV. 12385 N.W. 17 AVENUE MIAMI, FL 33167				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input 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	DP	<input type="checkbox"/> Delete		TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGES, JEAN N REV.			NAME	ROMAIN JEAN ROBERT
STREET ADDRESS	12385 N.W. 17 AVENUE			STREET ADDRESS	1881 N W 207th Street #104, MIAMI, Florida 33056
CITY-ST-ZIP	MIAMI, FL 33167			CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORANZIL GEORGES, JULMENE			NAME	
STREET ADDRESS	12385 N.W. 17 AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33167			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, LUSANA			NAME	
STREET ADDRESS	289 N.W. 108 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEUDY, MARCELLE			NAME	
STREET ADDRESS	805 NE 8 CT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRE, LOUISE			NAME	
STREET ADDRESS	1231 NE 14 ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP	
TITLE	DAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSE, JANNETTE			NAME	
STREET ADDRESS	530 NE 131 ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				05-21-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	