


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000235</b>	
1. Entity Name <b>EGLISE BAPTISTE HAITIENNE LES RACHETES, INC.</b>	

Principal Place of Business <b>8390 N.W. 14TH AVENUE MIAMI, FL 33147</b>	Mailing Address <b>1460 N.W. 92 STREET MIAMI, FL 33167</b>
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04222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0594453</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CIVIL, VENEL 1460 N.W. 92ND STREET MIAMI, FL 33147</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 *X Venel Civil* (NOTE: Registered Agent signature required when reinstating) DATE 4-22-05

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIVIL, VENEL REV 1460 N.W. 92ND STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANGLADE, CLICENIE 1460 N.W. 92ND STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUTUS, DELIVRANCE 13200 N.W. 22ND AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL, AUREL 3362 N.W. 194TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDA BELJOUS, LYONEL 435 NE 109 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDA MADELEINE, CIVIL 1310 NW 101 ST MIAMI, FL 33147

<p>000000328890 04/25/05-80096-011 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Venel Civil* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-22-05 Daytime Phone #