

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005800

FILED
Mar 26, 2007
Secretary of State

Entity Name: CENTER OF INFORMATION & ORIENTATION, INC.

Current Principal Place of Business:

181 NE 82ND STREET
2ND FLOOR
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

181 NE 82ND STREET
2ND FLOOR
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 65-0708521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANVIL, MICHEL
181 NE 82ND STREET
2ND FLOOR
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GUERRIER, ST GERRARD
Address: 12301 NE 2ND COURT
City-St-Zip: N MIAMI, FL 33161

Title: DP () Delete
Name: HERRERA, ROBERT E
Address: 6561 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: NOEL, ARSENE
Address: 452 NE 210 CIR TERRACE #201-74
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: ROMEL, PIERRE-ANTOINE
Address: 7717 HARBOUR BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: JOHN, STEVENS B
Address: 110 NE 62ND ST
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: VILSAINT, MENELAS
Address: 1687 NE 181 STREET
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: P (X) Change () Addition
Name: NOEL, ARSENE
Address: 452 NE 210 CIR TERRACE #201-74
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JOSEPH, LIMONE
Address: 15201 MEMORIAL HWY
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL SAINVIL

RA

03/26/2007

Electronic Signature of Signing Officer or Director

Date