

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001954

FILED
Mar 03, 2008
Secretary of State

Entity Name: LUMILY'S MISSION FOR HAITI INC.

Current Principal Place of Business:

6416 NE 2ND AVE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

1510 SW 87 TERRACE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 65-0862078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAMPLENIZZA, ANNA
753 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

OMIER, MILTON G
15126 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162 US

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: MILTON OMIER

03/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASTHELIER, LICIENCE
Address: 1510 SW 87 TERRACE
City-St-Zip: PEMBROKES PINES, FL 33025

Title: VSD () Delete
Name: CHARLES, MARIE JEAN
Address: 15321 SW 46TH CT
City-St-Zip: MIRAMAR, FL 33027

Title: TD () Delete
Name: MATHIELER, EMILIE
Address: 2401 SW 42ND TERRACE APTB
City-St-Zip: FORT LAUDERDALE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATHIELER, LICIENCE
Address: 1510 SW 87 TERRACE
City-St-Zip: PEMBROKES PINES, FL 33025

Title: VSD (X) Change () Addition
Name: OMIER, MILTON G
Address: 15126 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

I hereby certify that the information supplied with this filing does not qualify 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: MILTON OMIER

VSD

03/03/2008

Electronic Signature of Signing Officer or Director

Date