2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2007
Secretary of State

DOCUMENT# N98000003513

Entity Name: TOUSSAINT LOUVERTURE FOUNDATION, INC.

Current Principal Place of Business:

14313 SW 100TH LANE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14313 SW 100TH LANE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 23-7259397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIAMBY, ROGER E
14313 SW 100TH LANE
MIAMI, FL 33186 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:	CHM	( ) Delete
Name:	JEAN-CHARLES, GEORGES DR	
Address:	14313 SW 100TH LANE	
City-St-Zip:	MIAMI, FL 33186	
Title:	P	( ) Delete
Name:	GAUTHIER, CAMILLE	
Address:	14313 SW 100TH LANE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VD	( ) Delete
Name:	JUMELLE, JULIEN	
Address:	7001 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33020	
Title:	TD	( ) Delete
Name:	CHARLES, PIERRE	
Address:	7001 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33020	
Title:	S	( ) Delete
Name:	DORSETTE, ELIZABETH	
Address:	14313 S.W. 100 LANE	
City-St-Zip:	MIAMI, FL 33186	
Title:	AT	( ) Delete
Name:	CANTANE, CARLO	
Address:	14313 SW 100 LANE	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CAMILLE GAUTHIER P 02/18/2007

Electronic Signature of Signing Officer or Director — Date