

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90048 050 ****61.25

DOCUMENT # N98000004319 1. Entity Name LITTLE HAITI GATEWAY, INC.			
Principal Place of Business 155 S MIAMI AVE SUITE 850 MIAMI, FL 33131		Mailing Address 155 S MIAMI AVE SUITE 850 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt. #, etc. 500		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. 500	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33145		Zip 33145	
Country		Country	
4. FEI Number 91-1920705		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRFOUR SUPPORTIVE HOUSING, INC. 155 SOUTH MIAMI AVE. SUITE 850 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: CARRFOUR SUPPORTIVE HOUSING, INC. Street Address (P.O. Box Number is Not Acceptable): 2828 CORAL WAY Suite 500 City: MIAMI FL Zip Code: 33145	
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: <u>Stephanie Berman</u> DATE: <u>4/7/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 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		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.	
TITLE: SD NAME: CASALE, FRANKLYN STREET ADDRESS: 16400 NW 32 AVENUE CITY-ST-ZIP: MIAMI, FL 33054		TITLE: VICE CHAIR NAME: ALAN OSEDA STREET ADDRESS: 2828 CORAL WAY, SUITE 500 CITY-ST-ZIP: MIAMI, FL 33145	
TITLE: D NAME: QUICK, LINDA S STREET ADDRESS: 6363 TAFT STREET, SUITE 200 CITY-ST-ZIP: HOLLYWOOD, FL 33024		TITLE: CHAIRPERSON NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	
TITLE: T NAME: DANNER, STEPHEN STREET ADDRESS: 1101 BRICKLEY AVE, STE 1402 CITY-ST-ZIP: MIAMI, FL 33131		TITLE: DIRECTOR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	
TITLE: VC NAME: MESSAR, JOHN STREET ADDRESS: 801 BRICKELL AVE ST 2450 CITY-ST-ZIP: MIAMI, FL 33131		TITLE: PRESIDENT NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	
TITLE: COB NAME: GARCIA, TERE STREET ADDRESS: 2601 S. BAYSHORE DRIVE 10TH FLOOR CITY-ST-ZIP: MIAMI, FL 33133		SIGNATURE: <u>Stephanie Berman</u> DATE: <u>4/7/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
TITLE: VP NAME: BERMAN, STEPHANIE STREET ADDRESS: 155 S MIAMI AVE SUITE 850 CITY-ST-ZIP: MIAMI, FL 33131		Daytime Phone #	