2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 22 PM 12: 32

DOCUMENT # N98000005667

1. Entity Name
CAMILLE & SULETTE MERILUS FOUNDATION FOR HAITI DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
970 SW 1ST STREET SUITE 307 MIAMI, FL 33130	970 SW 1ST STREET SUITE 307 MIAMI, FL 33130

05122006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
970 SW 1st Street	970 SW 1st Street,
Suite, Apt. #, etc.: 307	Suite, Apt. #, etc.: 307
City & State: Miami Florida,	City & State: Miami Florida,
Zip: 33168 Country: Dade	Zip: 33130 Country: Dade

4. FEI Number: 76-0803306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERILUS, CAMILLE 14815 NW 11TH AVE. MIAMI, FL 33168	Name: Camille Merilus Street Address (P.O. Box Number is Not Acceptable): 14815 NW 11th Ave Miami Florida, City: FL Zip Code: 33168

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 ____________________ 05-18-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	$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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Camille Merilus (Chairman) 14815 NW 11th Ave Miami Florida, 33168 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800075032228 05/22/06--01061--001 **61.25
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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.

SIGNATURE: ____________________ 05-18-06 305-325-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #