

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 15 PM 3:25

DOCUMENT # N98000005667 1. Entity Name CAMILLE & SULETTE MERILUS FOUNDATION FOR HAITI DEVELOPMENT, INC.					
Principal Place of Business 14815 NW 11th Ave Miami FL, 33168			Mailing Address P.O. Box 381615 Miami FL, 33238		
2. Principal Place of Business 14815 NW 11th Ave Suite, Apt. #, etc. Miami FL City & State 33168 USA Zip Country		3. Mailing Address 14815 NW 11th Ave Suite, Apt. #, etc. Miami FL City & State 33168 USA Zip Country			
4. FEI Number 76-0803306				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05122008 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent MERILUS, CAMILLE 14815 NW 11TH AVE. MIAMI, FL 33168			7. Name and Address of New Registered Agent Name Camille Merilus Street Address (P.O. Box Number is Not Acceptable) 14815 NW 11th Ave Miami 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 _____ DATE 10-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete CADET, VIOLET 14781 NW SOUT RIVER DR MIAMI, FL 33168 <i>Treasurer</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000110941330 10/18/07--01015--011 ++\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Gesner Anilus 11626 NE 2nd Ave M. FL, 33161 <i>Vice Chair</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Sabrina Merilus 14815 NW 11th Ave M. FL, 33168 <i>Secretary</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Philomena Augustin 9401 NW 2nd Ct M. FL, 33150 <i>Ass Secretary</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Camille Merilus 14815 NW 11th Ave M. FL, 33168 <i>Chair</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

Camille and Sulette Merilus Foundation Inc.

14815 NW 11 Ave

Miami Florida 33168

Mailing address: PO Box 381615

Miami Florida, 33238

Phone: 305-688-2645

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Friday, October 12, 2007

**State of Florida Department of State
Division of Corporation**

**Please, be advised that we did not get the notice from the
Department.**

Sincerely,



**Camille Merilus
President\ Executive Director**