

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005944

FILED
Jan 03, 2008
Secretary of State

Entity Name: PROJECT MEDISHARE FOR HAITI, INC

Current Principal Place of Business:

8260 NORTHEAST 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

8260 NORTHEAST 2ND AVENUE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-0965848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOISE, RUDOLPH ESQ.
671 NW 119TH STREET
NORTH MIAMI, FL 33168 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: PD () Delete
Name: GREEN, BARTH
Address: 620 SABAL PALM ROAD
City-St-Zip: MIAMI, FL 33137

Title: DR. () Delete
Name: FOURNIER, ARTHUR
Address: 4525 BANYAN LANE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ELLEN POWERS

MS.

01/03/2008

Electronic Signature of Signing Officer or Director

Date