

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 024 ***163.75

60038577



07032006 Chg-P CR2E034 (11/05)

4. FEI Number **38-3677164** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETER, J C
1305 NW 203 STR
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name
YOLETTE ANTOINE

Street Address (P.O. Box Number is Not Acceptable)

11629 NW 7 AVE

City
MIAMI

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

[Signature] *Yollette Antoine*

07-30-06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE MD ☒ Delete
NAME JEAN, MICHEL
STREET ADDRESS 11633 NW 7 AVE STE 105
CITY-STATE-ZIP MIAMI, FL 33168

TITLE SD ☒ Delete
NAME ANTOINE, YOLETTE
STREET ADDRESS 3537 SW 175 AVE
CITY-STATE-ZIP MIRAMAR, FL 33029

TITLE MD ☒ Delete
NAME MILFORT, MIMONDE
STREET ADDRESS 11633 NW 7 AVE STE 103
CITY-STATE-ZIP MIAMI, FL 33168

TITLE PD ☒ Delete
NAME MONCOEUR, JOHNSON
STREET ADDRESS 11633 NW 7 AVE STE 103
CITY-STATE-ZIP MIAMI, FL 33168

TITLE V ☒ Delete
NAME MORISMA, DANIEL
STREET ADDRESS 11633 NW 7 AVE STE 103
CITY-STATE-ZIP MIAMI, FL 33168

TITLE T ☒ Delete
NAME CLERMY, LEFRANC
STREET ADDRESS 11633 NW 7 AVE STE 103
CITY-STATE-ZIP MIAMI, FL 33168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MD ☐ Change ☒ Addition
NAME MICHEL JEAN
STREET ADDRESS 11633 BW 7 AVE STE 105
CITY-STATE-ZIP MIAMI, FLORIDA 33168

TITLE PD ☐ Change ☒ Addition
NAME YOLETTE ANTOINE
STREET ADDRESS 11629 NW 7 AVE
CITY-STATE-ZIP MIAMI, FLORIDA 33168

TITLE MD ☐ Change ☒ Addition
NAME NEWLY JEAN
STREET ADDRESS 11633 NW 7 AVE, STE 105
CITY-STATE-ZIP MIAMI, FLORIDA 33168

TITLE VP ☐ Change ☒ Addition
NAME JIMMY SAINT SURIN
STREET ADDRESS 11633 NW 7 AVE
CITY-STATE-ZIP MIAMI, FLORIDA 33168

TITLE S ☐ Change ☒ Addition
NAME TINA FORBES
STREET ADDRESS 11633 NW 7 AVE, STE 105
CITY-STATE-ZIP MIAMI, FLORIDA 33168

TITLE T ☐ Change ☒ Addition
NAME JAMES SAINTSURIN
STREET ADDRESS 11633 NW 7 AVE, STE 105
CITY-STATE-ZIP MIAMI, FLORIDA 33168

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 607, 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:

[Signature] *Yollette Antoine* 07-30-06 3256850822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #