

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-03-2005 90099 018 ***150.00

DOCUMENT # P02000115517 1. Entity Name LITTLE HAITI COMMUNITY VOCATIONAL CENTER, INC.																													
Principal Place of Business 8325 NW 2ND AVE SUITE #7 MIAMI FL 33138			Mailing Address 920 NW 179 STREET MIAMI FL 33169																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent CHARLES JUDE 920 NW 179 STREET MIAMI FL 33169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAPTISTE, CHRISTINE JEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>920 NW 179 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33169</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BAPTISTE, CHRISTINE JEAN		STREET ADDRESS	920 NW 179 ST		CITY-ST-ZIP	MIAMI FL 33169		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Christine Jean Baptiste</u> D. (305) 651-7709 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

ATTACHMENT

66022581

TO WHOM IT MAY CONCERN:


P02000115517

Per your request, enclosed please find a copy of the Employer Identification Application with assigned EIN# 14-1889277 for our organization **Little Haiti Community Vocational Center Inc.**

Along with this submission find a newly signed ANNUAL REPORT for 2005 and a copy of your correspondence substantiating our timely submission with proper fee for the report.

Should you need any additional information, please feel free to contact me at (305) 331-2505 at your earliest convenience.

Sincerely,


Christine Jean Baptiste
Director

C: File