


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90308 041 ***163.75

DOCUMENT # P02000115517	
1. Entity Name	
LITTLE HAITI COMMUNITY VOCATIONAL CENTER, INC.	

Principal Place of Business	Mailing Address
8325 NW 2ND AVE SUITE #7 MIAMI FL 33138	920 NW 179 STREET MIAMI FL 33169



2. Principal Place of Business	3. Mailing Address
8365 NE 2ND AVE Suite, Apt. #, etc. # 203	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33138	Country DADE

1st MOORE CR2E034 (10/05)

4. FEI Number	Applied For										
14-1889277	Not Applicable										
5. Certificate of Status Desired	\$8.75 Additional Fee Required										
<table border="1"> <tr> <td>6. Name and Address of Current Registered Agent</td> <td>7. Name and Address of New Registered Agent</td> </tr> <tr> <td>CHARLES, JUDE 920 NW 179 STREET MIAMI FL 33169</td> <td>Name</td> </tr> <tr> <td></td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td></td> <td>City</td> </tr> <tr> <td></td> <td>FL Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	CHARLES, JUDE 920 NW 179 STREET MIAMI FL 33169	Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL Zip Code
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	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPTISTE, CHRISTINE JEAN	NAME	
STREET ADDRESS	920 NW 179 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Christine Jean Baptiste* *Baptiste* *04-23-06* *331-2505*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #