

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000026258

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SAVEUR D'HAITI CATERING INC

**Current Principal Place of Business:**

5900 WEST SAMPLE RD  
APT 303  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5900 WEST SAMPLE RD  
APT 303  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULATRE, MARIE  
5900 WEST SAMPLERD  
APT 303  
CORAL SPRINGS, FL 33067 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: P  
Name: MULATRE, MARIE  
Address: 5900 WEST SAMPLE RD APT 303  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP  
Name: LEVIGNE, PAULE M  
Address: 6213 NW 15 CT  
City-St-Zip: MARGATE, FL 33063

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE MULATRE

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date