

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000029040
 1. Entity Name
 LITTLE HAITI-TIFFANY SQUARE, INC.



Principal Place of Business 181 N.E. 82ND STREET 1ST FLOOR MIAMI, FL 33138	Mailing Address 181 N.E. 82ND STREET 1ST FLOOR MIAMI, FL 33138
---	---

DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0825423	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LITTLE HAITI HOUSING ASSOC
 181 NE 82ND STREET
 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, EMILIO 181 NE 82 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E. D. DILLER, SAMUEL 181 NE 82ND ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000283590
 04/01/05-80033-008 158.75

DO NOT WRITE IN THIS SPACE

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:  3/30/05 305.759.2542 x111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #