


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 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



04052006 No Chg-P CR2E034 (11/06)

DO NOT WRITE IN THIS SPACE

4. Fd Number
 65-0825423 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLE HAITI HOUSING ASSOC
 181 NE 82ND STREET
 MIAMI, FL 33138

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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 true if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000505639
 04/26/06-80125-011 158.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 trustee) 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:  Samuel Diller, Exec. Dir. 3/5/06 305 757 2572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #