


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # V46417 1. Entity Name LITTLE HAITI GARAGE, INC.	
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Principal Place of Business 7100 NORTH MIAMI AVENUE MIAMI, FL 33150	Mailing Address 7100 NORTH MIAMI AVENUE MIAMI, FL 33150
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05212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0344225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLTAIRE, NELSON
 7100 NORTH MIAMI AVENUE
 MIAMI, FL 33150

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

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLTAIRE, NELSON 461 N.E. 145TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOLTAIRE, NELSON 461 N.E. 145TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOLTAIRE, NELSON 461 N.E. 145TH STREET MIAMI, FL 33161
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 05/31/07-80028-015 150.00

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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 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:  _____
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____