


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

06-13-2007 90004 006 \*\*\*\*61.25

**DOCUMENT # N05000002916**

1. Entity Name  
**ESCARMENT FOUNDATION FOR THE NEEDY CORP**



Principal Place of Business  
**822 N E 125 STREET**  
**SUITE 107**  
**NORTH MIAMI, FL 33161**

Mailing Address  
**580 N W 126 STREET 126 ST**  
**NORTH MIAMI, FL 33168**

4012000



2. Principal Place of Business - No P.O. Box #  
**822 N E 125 ST**

3. Mailing Address  
**580 N W 126 ST**

Suite, Apt. #, etc.  
**107**

06062007 Chg-NP CR2E037 (12/06)

City & State  
**N. Miami F**

City & State  
**N. Miami FLA**

Zip  
**33161**

Country  
**US**

4. FEI Number  
**APPLIED FOR 03-0566976**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**ESCARMENT, MODIRA**  
**822 N E 125 STREET**  
**SUITE 107**  
**NORTH MIAMI, FL 33161**

7. Name and Address of New Registered Agent

Name  
**WIA**

Street Address (P.O. Box Number is Not Acceptable)

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 reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ESCARMENT, MODIRA 580 N W 126 STREET NORTH MIAMI, FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESCARMENT, RUTH 580 N W 126 STREET NORTH MIAMI, FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIE A SAINT-GERMAIN 822 N E 125 STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESCARMENT, RUTH 822 N E 125 STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHURIN, PAUL 822 N E 125 STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBELS, BETY 822 N E 125 STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 Modira Escarment Date 6/07/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR