

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007661

Entity Name: THREE LITTLE FLOWERS CENTER, INC.**Current Principal Place of Business:**20432 NW 44TH COURT
MIAMI, FL 33055**Current Mailing Address:**PO BOX 82 1031
PEMBROKE PINES, FL 33082-1031**FEI Number: 65-1148956****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JEAN-LOUIS, WILHEL ATD
17039 NW 19 ST.
PEMBROKE PINES, FL 33028 US*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**Officer/Director Detail :**

Title	VP
Name	GUERRIER, NANCY
Address	720 SW 93RD AVE.
City-State-Zip:	PEMBROKE PINES FL 33025

Title	DIRECTOR
Name	JEAN-LOUIS, WILHEL
Address	17039 NW 19 ST
City-State-Zip:	PEMBROKE PINES FL 33028

Title	ATD
Name	FABRE, MARTINE
Address	15569 NW 12TH CT
City-State-Zip:	PEMBROKE PINES FL 33028

Title	TD
Name	BENJAMIN, GUILHENE
Address	18691 SW 41 ST.
City-State-Zip:	MIRAMAR FL 33029

Title	SECRETARY
Name	PIERRE, YOLANDE
Address	6621 COCONUT DR.
City-State-Zip:	MIRAMAR FL 33023

Title	PRESIDENT
Name	PARIS , JOSETTE
Address	15096 SW 22ND ST.
City-State-Zip:	MIRAMAR FL 33027

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

SIGNATURE: WILHEL JEAN-LOUIS**DIRECTOR****06/19/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date