

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008498

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC7470986114**

**Entity Name:** LITTLE HAITI EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

920 N.W. 179TH STREET  
MIAMI, FL 33169

**Current Mailing Address:**

920 N.W. 179TH STREET  
MIAMI, FL 33169

**FEI Number: 30-0173794**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JEAN-BAPTISTE, CHRISTINE E  
920 N.W. 179TH STREET  
MIAMI, FL 33169 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	PD
Name	JEAN-BAPTISTE, CHRISTINE
Address	920 NW 179 ST
City-State-Zip:	MIAMI FL 33169
Title	T
Name	THERASIAS, BONNIE E
Address	19501 W COUNTRY CLUB DR #TS01
City-State-Zip:	AVENTURA, FL 33180

Title	VD
Name	BERNARD, LESLY
Address	920 NW 179 SUITE
City-State-Zip:	MIAMI FL 33169
Title	S
Name	FINTALIA, ISMA
Address	17601 NW 12 CT
City-State-Zip:	MIAMI FL 33169

*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: CHRISTINE JEAN-BAPTISTE**

**CEOP**

**02/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date