

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008498

FILED
Mar 26, 2013
Secretary of State
CC3811772969

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 VD
Name BERNARD, LESLY
Address 920 NW 179 SUITE
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 SD
Name JEAN-BAPTISTE, BONNIE
Address 920 NW 179 ST
City-State-Zip: MIAMI FL 33169

Title VD
Name BERNARD, LESLY
Address 111 NW 183 ST
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

PD

03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date