

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001450

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6607296519**

**Entity Name:** LITTLE HAITI OPTIMIST FOUNDATION, INC.

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DRIVE, #112  
MIAMI, FL 33179

**Current Mailing Address:**

1835 NE MIAMI GARDENS DRIVE, #112  
MIAMI, FL 33179

**FEI Number: 27-5029021**

**Certificate of Status Desired: No**

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

LOUSSIANT, MARIE  
1835 NE MIAMI GARDENS DRIVE, #112  
MIAMI, FL 33179 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 LOUSSIANT, MARIE  
Address 1835 NE MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: MIAMI FL 33179

Title TD  
Name BRADSHAW, MARVA  
Address 1835 NE MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: MIAMI FL 33179

Title VPD  
Name CARRY, ANDREW  
Address 1835 NE MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: MIAMI FL 33179

Title SD  
Name LOUSSIANT, BEATRICE  
Address 1835 NE MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: MIAMI FL 33179

Title D  
Name OBSAINT, ANNIE  
Address 1835 NE MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: MIAMI FL 33179

*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: MARIE LOUSSIANT**

**P**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date