

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000006

**Entity Name:** HANDS OF HOPE FOR HAITI FOUNDATION INC.

**Current Principal Place of Business:**

6266 S. CONGRESS AVE  
SUITE L6 & L7  
LANTANA, FL 33462

**Current Mailing Address:**

6266 S. CONGRESS AVE  
SUITE L6 & L7  
LANTANA, FL 33462

**FEI Number:** 45-4183949

**Certificate of Status Desired:** Yes

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

DUCLAIR, JOSUE  
731 SOUTH H STREET  
APT 1  
LAKE WORTH, FL 33460 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 P  
Name DUCLAIR, JOSUE  
Address 731 SOUTH H STREET  
APT 1  
City-State-Zip: LAKE WORTH FL 33460

Title VP  
Name KIRCHER, KAREEN  
Address 10 SCARLET LANE  
City-State-Zip: HOWELL NJ 07731

Title T  
Name LAMBERT, JEAN  
Address 17321 SW 137TH CT  
City-State-Zip: MIAMI FL 33177

*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:** JOSUE DUCLAIR

**DIRECTOR**

**04/28/2013**

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

\_\_\_\_\_  
Date