

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

DOCUMENT# N13000002630

**Entity Name:** DESILINE VICTOR FOUNDATION, INC.

**Current Principal Place of Business:**

11645 NE 2ND AVENUE  
MIAMI, FL 33161

**Current Mailing Address:**

11645 NE 2ND AVENUE  
MIAMI, FL 33161 US

**FEI Number: 61-1707890**

**Certificate of Status Desired: No**

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

PIERRE LOUIS, MATHIEU  
1370 NE 158TH STREET  
NORTH MIAMI BEACH, FL 33162 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: MATHIEU PIERRE LOUIS**

**04/28/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP	Title	DV
Name	LOUIS, MATHIEU P	Name	FRERE, MARC P
Address	11645 NE 2ND AVENUE	Address	14361 NW 14TH DRIVE
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33167
Title	DV	Title	T
Name	JACQUES, JEAN R	Name	TREVOL, ANDERSON
Address	745 NW 98TH STREET	Address	1751 NW 206TH ST
City-State-Zip:	MIAMIF FL 33150	City-State-Zip:	MIAMI FL 33056
Title	T	Title	T
Name	EDOUARD, GENEVE	Name	METELLUS, ELISEE
Address	FONTAMARA #7	Address	1232 NE 117 TERRACE
City-State-Zip:	PORT-AU-PRINCE, HAITI	City-State-Zip:	MIAMI FL 33161

*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: MATHIEU PIERRE LOUIS**

**DP**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date