

**2016 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

06/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name LOUIS, MATHIEU P  
Address 11645 NE 2ND AVENUE  
City-State-Zip: MIAMI FL 33161

Title DV  
Name FRERE, MARC P  
Address 14361 NW 14TH DRIVE  
City-State-Zip: MIAMI FL 33167

Title DV  
Name GEORGES, DAPHNEE B  
Address 21255 NE 8TH COURT  
1  
City-State-Zip: MIAMI FL 33179

Title T  
Name TREVOL, ANDERSON  
Address 1751 NW 206TH ST  
City-State-Zip: MIAMI FL 33056

Title T  
Name EDOUARD, GENEVE  
Address FONTAMARA #7  
City-State-Zip: PORT-AU-PRINCE, HAITI

Title T  
Name METELLUS, ELISEE  
Address 1232 NE 117 TERRACE  
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

06/02/2016

Electronic Signature of Signing Officer/Director Detail

Date