### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000894

Entity Name: TET ANSANM POU AVANSMAN DONDON, INC.

FILED
Jan 28, 2017
Secretary of State
CC8132423847

## **Current Principal Place of Business:**

3842 SW 67TH TERRACE MIRAMAR, FL 33023

## **Current Mailing Address:**

P.O. BOX 840626

PEMBROKE PINES. FL 33094-2626 US

FEI Number: 47-2960048 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHARLES, WOLFF J 220 EVERGREEN DRIVE LAKE PARK, FL 33403 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: CHARLES, WOLFF J 01/28/2017

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title P Title VF

NameSAINT-JEAN, MARTIN FNameFANFAN, MARTIN MAddress12341 DIVOT DRIVEAddress6600 NW 25TH COURTCity-State-Zip:BOYNTON BEACH FL 33347City-State-Zip:SUNRISE FL 33313

Title TREA Title SEC

NameMETELLUS, LUCIENNameJULMICE-CHARLES, JULIEAddress3842 SW 67TH TERRACEAddress220 EVERGREEN DRIVECity-State-Zip:MIRAMAR FL 33023City-State-Zip:LALE PARK FL 33403

Title DIR Title DIR

Name DANTISTE, YANICK Name SAINT. FLEUR, JOSEPH REMUS

Address 12332 75TH LANE NORTH Address 5 GILLETTE STREET

City-State-Zip: WEST PALM BEACH FL 33412 City-State-Zip: HARTFORD CT 06105

Title D Title C

Name ANTOINE, JEAN E Name DANIEL, MERLIN

Address 1046 SW 102ND TER Address 730 NE 122ND STREET #2

City-State-Zip: PEMBROKE PINES FL 33025 City-State-Zip: MIAMI FL 33161

### Continues on page 2

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: LUCIEN METELLUS TREASURER 01/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title D Title DIRECTOR

Name COTHIERE , LINDA Name ANTOINE, LEO

Address 333 NW 157TH STREET Address 10805 FILMORE DRIVE

City-State-Zip: MIAMI FL 33169 City-State-Zip: BOYNTON BEACH FL 33437