

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

DOCUMENT# N96000005800

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC8416133425**

**Entity Name:** CENTER OF INFORMATION & ORIENTATION, INC.

**Current Principal Place of Business:**

181 NE 82ND STREET  
2ND FLOOR  
MIAMI, FL 33138

**Current Mailing Address:**

181 NE 82ND STREET  
2ND FLOOR  
MIAMI, FL 33138 US

**FEI Number:** 65-0708521

**Certificate of Status Desired:** Yes

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

SAINVIL, MICHEL  
181 NE 82ND STREET  
2ND FLOOR  
MIAMI, FL 33138 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	DP	Title	VP
Name	JEAN, CONCEPTIA M	Name	VINCENT, NADINE M
Address	20310 NE 3RD CT, # 6	Address	890 NE 205 SREET
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	NORTH MIAMI FL 33179
Title	T	Title	S
Name	GUERRIER, ST. GERARD	Name	ROCK, CAMAN M
Address	12301 NE 2ND COURT	Address	3541 NW 188 STREET
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	MIAMI DARDENS FL 33056
Title	O		
Name	PIERRE ANTOINE, ROMEL		
Address	7717 HARBOUR BLVD		
City-State-Zip:	MIRAMAR FL 33023		

*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:** CONCEPTIA M. JEAN

**CHAIR**

**02/27/2015**

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

\_\_\_\_\_  
Date