

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003664

**Entity Name:** SANT KILTIREL MAPOU, INC.

**Current Principal Place of Business:**

5919-21 NE 2ND AVE  
MIAMI, FL 33137

**Current Mailing Address:**

5919-21 NE 2ND AVE  
MIAMI, FL 33137 US

**FEI Number:** 65-0766047

**Certificate of Status Desired:** No

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

DENIS, JEAN-MARIE  
5919-21 NE 2ND AVE  
MIAMI, FL 33137 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 PD  
Name DENIS, JEAN-MARIE  
Address 310 NE 97 STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name DR. JULMEUS, ERNST  
Address 5919-21 NE 2ND AVENUE  
City-State-Zip: MIAMI FL 33137

Title TD  
Name DENIS, RITA  
Address 310 NE 97TH. STREET  
City-State-Zip: MIAMI-SHORES FL 33138

Title T  
Name DR. DENIS, TAINA  
Address 310 NE 97TH STREET  
City-State-Zip: MIAMI-SHORES FL 33138

Title S  
Name DR. DENIS, NADIA  
Address 310 NE 97TH. STREET  
City-State-Zip: MIAMI-SHORES FL 33138

*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:** JEAN-MARIE DENIS

**PRESIDENT**

**03/03/2014**

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

\_\_\_\_\_  
Date