## 2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0800000063

Entity Name: CALUNAH, INCORPORATED

**Current Principal Place of Business:** 

712 EAST 27TH STREET SUITE 1-F

BROOKLYN, NY 11210

**Current Mailing Address:** 

P.O. BOX 681919 MIAMI, FL 33168 US

FEI Number: 71-1006724 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOMPREMIER, ERNST 15120 NW 10 CT MIAMI, FL 33169 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: ERNST MOMPREMIER 03/15/2018

Electronic Signature of Registered Agent

Date

Date

FILED Mar 15, 2018

**Secretary of State** 

CC8645472386

Officer/Director Detail:

Title PRESIDENT, CSF Title TREASURER, CSF
Name CHRYSOSTOME, MARIE DOMINIQUE Name MOMPREMIER, ERNST

 Address
 P.O. BOX 681919
 Address
 15120 NW 10 CT

 City-State-Zip:
 MIAMI FL 33168
 City-State-Zip: MIAMI FL 33169

Title ASST, TREASURER, CSF Title CHAIRMAN

Name JEAN, ADELINE Name SAINT LOUIS, ROBERNE PASTOR

Address 1410 NE 143 ST Address 20 WOODSTOCK DRIVE

City-State-Zip: NORTH MIAMI FL 33161 City-State-Zip: WHEATLEY HIGHTS NY 11798

TitlePRESIDENTTitleTREASURERNameDUBREUZE, BECELNameGELIN, RUBEN

Address P.O. BOX 1438 Address P.O. BOX 1438

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: MELVILLE NY 11747 City-State-Zip: MELVILLE NY 11747

Title SECRETARY, CSF
Name JOSEPH, JUDITH
Address P.O. BOX 681919
City-State-Zip: MIAMI FL 33168

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: ERNST MOMPREMIER TREASURER 03/15/2018