

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003555

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** HAITIAN AMERICAN NATIONALISTS FOR DEMOCRACY, INC.

**Current Principal Place of Business:**

3627 AVE. DE GIEN  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

3627 AVE. DE GIEN  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 52-2277356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTIDOR-DOMOND, MARITZA J  
3627 AVE. DE GIEN  
DELRAY BEACH, FL 33445 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PVC  
Name: ABRAHAM, REGINALD  
Address: 434 WOLF HILL ROAD  
City-St-Zip: DIX HILLS, NY 11746

Title: S  
Name: OFORI, KOFI A  
Address: 1821 SHEPHERD ST NE  
City-St-Zip: WASHINGTON, DC 20018

Title: T  
Name: CHARLES, HAROLD  
Address: 9108 10TH STREET  
City-St-Zip: LANHAM, MD

Title: C  
Name: DANIEL, ROBERT DR.  
Address: 18215 SW 4 COURT  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D  
Name: BOUCARD, REGINE  
Address: 5225 POOKS HILL ROAD APT. 315-S  
City-St-Zip: BETHESDA, MD 20814

Title: D  
Name: LAPLANTHE, CAROLE  
Address: 10 GOTHAM AVE.  
City-St-Zip: ELMONT, NY 11003

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: REGINALD ABRAHAM

MR

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date