
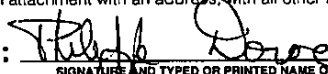


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 033 ****61.25

DOCUMENT # N00000006649					
1. Entity Name HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.					
Principal Place of Business 8325 NE 2 AVE MIAMI, FL 33138			Mailing Address 8325 NE 2 AVE MIAMI, FL 33138		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05202005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-1057381	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDWARDS, DEBORAH 4960 SW 72 AVE #301 MIAMI, FL 33155			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPIKES, SHERMAINE 10831 NW 27TH AVE MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Regious, Wilner 4500 W 54th Street Miami, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CYNAGUE, KELLEY 299 NE 86TH EL PORTAL, FL 33150	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Derosé, Marie 18870 NE 21st Avenue N. Miami Beach, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHURIN, MARCEL 14699 NE 16TH AVE MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Duverne Sandy 10011 Periwinkle Street Miramar, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMMANUEL, ATER 2079 NE 167TH MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Andre Theodore 1350 NE 131st Miami, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METELLUS, JEAN 4095 LUDLAN RD. MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <u>5/25/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					