

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006649

FILED
May 27, 2009
Secretary of State

Entity Name: HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.

Current Principal Place of Business:

8325 NE 2 AVE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

8325 NE 2 AVE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-1057381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, DEBORAH
4960 SW 72 AVE #301
MIAMI, FL 33155 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: PD () Delete
Name: HELELLUS, JEAN
Address: 4095 LUDLAND RD
City-St-Zip: MIAMI, FL 33155

Title: VD () Delete
Name: DEROSE, MARIE
Address: 18870 NE 21ST AVE
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: MATHURIN, MARCEL
Address: 14699 NE 16TH AVE
City-St-Zip: MIAMI, FL 33181

Title: MD () Delete
Name: BOYER, DENIS
Address: 511 NW 175TH ST
City-St-Zip: MIAMI, FL 33162

Title: SD () Delete
Name: ANDRE, SHIRLEY
Address: 1050 NE 131ST ST
City-St-Zip: MIAMI, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DEROSE, PHILIPPE
Address: 18870 NE 21 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179*

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILIPPE DEROSE

D

05/27/2009

Electronic Signature of Signing Officer or Director

_____ Date