

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006649

**FILED**  
**Apr 09, 2012**  
**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:**

8325 NE 2 AVENUE  
MIAMI, FL 33138

**Current Mailing Address:**

8325 NE 2 AVE  
MIAMI, FL 33138

**New Mailing Address:**

8325 NE 2 AVENUE  
MIAMI, FL 33138

**FEI Number:** 65-1057381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVANS, LATANIA  
3400 NE 192ST  
1209  
MIAMI, FL 33180 US

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

LEVANS, LATANIA  
3400 NE 192 STREET  
1209  
MIAMI, FL 33180 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:

04/09/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HELELLUS, JEAN  
Address: 4095 LUDLAND ROAD  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: DEROSE, PHILIPPE  
Address: 18870 NE 21 AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: TD  
Name: MATHURIN, MARCEL  
Address: 14699 NE 16TH AVENUE  
City-St-Zip: MIAMI, FL 33181

Title: MD  
Name: BOYER, DENIS  
Address: 511 NW 175TH STREET  
City-St-Zip: MIAMI, FL 33162

Title: SD  
Name: ANDRE, SHIRLEY  
Address: 1050 NE 131 STREET  
City-St-Zip: MIAMI, FL 33162

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: PHILIPPE DEROSE

D

04/09/2012

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

\_\_\_\_\_  
Date