
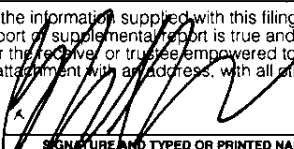


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90008 048 ****70.00

DOCUMENT # N00000008036					
1. Entity Name HAITIAN NEIGHBORHOOD CENTER SANT LA, INC.					
Principal Place of Business 5000 BISCAYNE BLVD., SUITE 110 MIAMI, FL 33137			Mailing Address 5000 BISCAYNE BLVD. SUITE 110 MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 65-1080680	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
METELLUS, GEPSIE M E.D. 5000 BISCAYNE BLVD. SUITE 110 MIAMI, FL 33137			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EGOZI, KAREN BASHA	NAME			
STREET ADDRESS	7300 N. KENDALL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLECKE, BERTA	NAME			
STREET ADDRESS	1265 NW 12TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, EUGENE	NAME			
STREET ADDRESS	P.O. BOX 530632	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33153	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLISON, JIM	NAME			
STREET ADDRESS	4974 SW 76TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RULX-JEAN, BART	NAME			
STREET ADDRESS	17580 SW 29TH CT.	STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33029	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VODICKA, CHARLES H	NAME			
STREET ADDRESS	9500 S DADELAND BLVD	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		GEPSIE M METELLUS		1/25/08 305-573-4871	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	