


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90001 010 ****61.25

DOCUMENT # N01000006060

1. Entity Name
THE HAITIAN AMERICAN LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.



Principal Place of Business 860 NE 141 ST N MIAMI, FL 33161	Mailing Address PO BOX 611983 N. MIAMI, FL 33261
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1141495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFONTANT, YVES
 860 NE 141 ST
 N MIAMI, FL 33161

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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: *[Signature]* *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAFONTANT, YVES SR
STREET ADDRESS	860 NE 141 ST
CITY-ST-ZIP	N MIAMI, FL 33161
TITLE	VP REGINALD E. LAFONTANT
NAME	XXXXXXXXXX 860 N. E 141 ST.
STREET ADDRESS	XXXXXXXXXX N. MIA. FL 33161
CITY-ST-ZIP	XXXXXXXXXX N. MIA. FL 33161
TITLE	T ROCKY PIERRE
NAME	XXXXXXXXXX 1755 CALAS DR #5
STREET ADDRESS	XXXXXXXXXX M. BEACH, FL 33141
CITY-ST-ZIP	XXXXXXXXXX M. BEACH, FL 33141
TITLE	S NATACHA E. LAFONTANT
NAME	XXXXXXXXXX 860 N. E 141 ST.
STREET ADDRESS	XXXXXXXXXX N. MIA. FL 33161
CITY-ST-ZIP	XXXXXXXXXX N. MIA. FL 33161
TITLE	V ST GERMAIN, RICHARD
NAME	ST GERMAIN, RICHARD
STREET ADDRESS	39 NW 135 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP ANGRAND FRANTZ
NAME	ANGRAND FRANTZ
STREET ADDRESS	1370 N. E 207 FERRACE
CITY-ST-ZIP	MIA, FL 33179

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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: *[Signature]* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 05-01-05 Daytime Phone #