

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006060

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

860 NE 141 ST
N MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

PO BOX 611983
N. MIAMI, FL 33261

New Mailing Address:

FEI Number: 65-1141495 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

LAFONTANT, YVES SR.
860 NE 141 ST
N MIAMI, FL 33161 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: P () Delete
Name: LAFONTANT, YVES SR
Address: 860 NE 141 ST
City-St-Zip: N MIAMI, FL 33161

Title: VP () Delete
Name: LAFONTANT, REGINALD E.
Address: 860 NE 141 STREET
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: LAFONTANT, YVES JR.
Address: 860 NE 141 STREET
City-St-Zip: MIAMI, FL 33161

Title: S () Delete
Name: LAFONTANT, NATACHA
Address: 860 NE 141 STREET
City-St-Zip: MIAMI, FL 33161

Title: VP () Delete
Name: LAFONTANT, DOMINGA
Address: 860 NORTHEAST 141 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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:

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: YVES LAFONTANT SR.

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date