

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007842
 1. Entity Name
 HAITIAN AMERICAN SCHOLARSHIP FUND, INC.



Principal Place of Business 13018 NORTHEAST 8TH AVENUE NORTH MIAMI, FL 33161	Mailing Address 13018 NORTHEAST 8TH AVENUE NORTH MIAMI, FL 33161
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04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1152187	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000154981
 05/05/04-80019-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL, JUSTIN 13018 NORTHEAST 8TH AVENUE NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROGOIRE, JOSEE 13018 NORTHEAST 8TH AVENUE NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, MARILINE G 13018 NORTHEAST 8TH AVENUE NORTH MIAMI, FL 33161
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Justin Manuel 04/29/04 (305) 893-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #