

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
13018 NORTHEAST 8TH AVENUE      13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI, FL 33161              NORTH MIAMI, FL 33161

**DO NOT WRITE IN THIS SPACE**



04282005 . No Chg-NP      CR2E037 (10/03)

4. FEI Number 65-1152187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 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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U00000355873  
05/04/05-80011-015 61.25

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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      04/29/05 (305) 893-4502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #