

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# N01000007842

Entity Name: HAITIAN AMERICAN SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 65-1152187      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: MANUEL, JUSTIN  
Address: 13018 NORTHEAST 8TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD ( ) Delete  
Name: GROGOIRE, JOSEE  
Address: 13018 NORTHEAST 8TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD ( ) Delete  
Name: NELSON, MARILINE G  
Address: 13018 NORTHEAST 8TH AVENUE  
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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUSTIN MANUEL`

PD

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date