

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # N01000007842**

1. Entity Name  
**HAITIAN AMERICAN SCHOLARSHIP FUND, INC.**



FILED

07 MAY 23 PM 1:01

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
**13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI, FL 33161**



05-17-07 90035 021 \$61.25  
04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-1152187**

Applied For  
 Not Applicable

3. 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**

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: *Justin Manuel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

*4/27/07*  
DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

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, JOSEF 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

*\$76/4*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/07*