2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003725

FILED Jul 01, 2004 Secretary of State

Entity Name: HAITIAN AMERICAN PROFESSIONAL COALITION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
1040 NW FT LAUDE	10 AVE ERDALE, FL 3	33311		
Current N	lailing Addre	ss:	New Mailing Address	s:
1040 NW FT LAUDE	10 AVE ERDALE, FL 3	33311		
El Number	: 01-0694324	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
JODESTY				
	10 AVE ERDALE, FL 3	33311		
FT LAUDE Γhe above	ERDALE, FL 3		purpose of changing its registered	d office or registered agent, or both,
FT LAUDE Γhe above	e named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,
FT LAUDE The above n the State	ERDALE, FL 3 named entity of Florida. RE:			d office or registered agent, or both, Date
FT LAUDE The above n the State SIGNATUI	ERDALE, FL 3 named entity of Florida. RE:	submits this statement for the nic Signature of Registered Ag	ent	
FT LAUDE The above n the State SIGNATUI	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Age TORS:) Delete SS VE	ent	Date
T LAUDE The above In the State SIGNATUI DFFICER: Value: V	e named entity e of Florida. RE: Electro S AND DIRECT D (JODESTY, IVE 1040 NW 10 A FT LAUDERDA	submits this statement for the nic Signature of Registered Agerones:) Delete SS VE ALE, FL 33311) Delete GGALY ST	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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 JODESTY D 07/01/2004