

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001198

FILED
Mar 25, 2009
Secretary of State

Entity Name: HAITIAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

Current Principal Place of Business:

11767 SOUTH DIXIE HIGHWAY
SUITE 275
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

11767 SOUTH DIXIE HIGHWAY
SUITE 275
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-2373322 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BONNET, JEANNIFER M
8037 N.E. 2ND AVE.
MIAMI, FL 33138 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: V CH () Delete
Name: FILS-AIME, DANIEL
Address: 9822 NE SECOND AVENUE #3
City-St-Zip: MIAMI, FL 33138

Title: TREA () Delete
Name: SALIBA, PIERRE
Address: 12864 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI, FL 33181

Title: CH () Delete
Name: SICLAIT, RAOUL
Address: 8525 SW 181ST TERRACE
City-St-Zip: MIAMI, FL 33157

Title: SEC () Delete
Name: BONNET, JEANNIFER M
Address: 8037 N E 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PIERRE SALIBA

TREA

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date