

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001673

FILED
Sep 06, 2006
Secretary of State

Entity Name: ASSOCIATION OF HAITIAN SOCIAL WORKERS, INC.

Current Principal Place of Business:

2010 NW 193RD TERR
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2010 NW 193RD TERR
MIAMI, FL 33056

New Mailing Address:

FEI Number: 20-2807146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOMY, MYRLENE
445 NE 113TH STREET
MIAMI, FL 33161 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: C () Delete
Name: HOMY, MYRLENE
Address: 445 NE 13TH STREET
City-St-Zip: MIAMI, FL 33161

Title: CC () Delete
Name: BARTHELEMY, ANNEZE
Address: 2010 NW 193RD STREET
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: FORMUL, DIEUNANE
Address: 3722 SW 52ND AVE #202
City-St-Zip: HOLLYWOOD, FL 33023

Title: AS () Delete
Name: VERTY, LAVIGNE
Address: 3722 SW 52ND AVE #202
City-St-Zip: HOLLYWOOD, FL 33023

Title: T () Delete
Name: JN=PIERRE, DARLINE
Address: 1351 NE 143RD STREET
City-St-Zip: N MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HOMY, MYRLENE
Address: 445 NE 13TH STREET
City-St-Zip: MIAMI, FL 33161

Title: C (X) Change () Addition
Name: BARTHELEMY, ANNEZE
Address: 2010 NW 193RD STREET
City-St-Zip: MIAMI, FL 33056

Title: CC (X) Change () Addition
Name: FORMUL, DIEUNANE
Address: 3722 SW 52ND AVE #202
City-St-Zip: HOLLYWOOD, FL 33023

Title: T (X) Change () Addition
Name: JEAN, MICAELLE
Address: 4321 N.E. 13TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: CL (X) Change () Addition
Name: MONDESIR, ROSELINE I
Address: 1570 N.E. 142ND ST.
City-St-Zip: N MIAMI, FL 33161

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: MYRLENE HOMY

Electronic Signature of Signing Officer or Director

S

09/06/2006

Date