


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90282 040 \*\*\*\*70.00

<b>DOCUMENT # N05724</b> 1. Entity Name <b>HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.</b>					
Principal Place of Business <b>19830 N.E. 14 Avenue</b> <b>North Miami Beach, FL 33179</b>				Mailing Address <b>PO BOX 694933</b> <b>MIAMI, FL 33269 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name <b>Marie O. Etienne</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>19830 N.E. 14 Avenue</b>	
				City <b>North Miami Beach</b> FL Zip Code <b>33179</b>	
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 <i>Marie O. Etienne</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/22/05</b>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	1VP <b>Blot, Guerna</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>10707 N.W. 1st Avenue</b>				
STREET ADDRESS	<b>Miami Shores, FL 33168</b>				
CITY-ST-ZIP					
TITLE	2VP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	S <b>Medacier, Odiane</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1622 Opal Creek DR</b>				
STREET ADDRESS	<b>Weston, FL 33331</b>				
CITY-ST-ZIP					
TITLE	P <b>Etienne, Marie O.</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>19830 N.E. 14 Avenue</b>				
STREET ADDRESS	<b>North Miami Beach, FL 33179</b>				
CITY-ST-ZIP					
TITLE	AT <b>Myrthil, Rachel</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1636 S.W. 116 Avenue</b>				
STREET ADDRESS	<b>Pembroke Pines, FL 33025</b>				
CITY-ST-ZIP					
TITLE	T <b>Dessources, Marlene</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1550 N.W. 159th Avenue</b>				
STREET ADDRESS	<b>Pembroke Pines, FL 33028</b>				
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Marie O. Etienne</i> DATE: <b>4/22/05</b> (305) 237-4288					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					