2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 07, 2005
Secretary of State

DOCUMENT# N05724

Entity Name: HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

19830 N.E. 14 AVE
MIAMI, FL 33179 US

New Principal Place of Business:

19830 NE 14 AVENUE
NORTH MIAMI BEACH, FL 33179 US

Current Mailing Address:

PO BOX 694933
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 59-2463138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETIENNE, MARIE O
19830 N.E. 14 AVE
MIAMI, FL 33179 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: 1VP ( ) Delete
Name: BLOT, GUERNA
Address: 10707 NW 1ST AVENUE
City-St-Zip: MIAMI SHORES, FL 33168

Title: S ( ) Delete
Name: MEDACIER, ODIANE
Address: 1622 OPAL CREEK DR.
City-St-Zip: WESTON, FL 33331

Title: P ( ) Delete
Name: ETIENNE, MARIE O
Address: 19830 NE 14 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: AT ( ) Delete
Name: MYRTHIL, RACHEL
Address: 1636 SW 116 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T ( ) Delete
Name: DESSOURCES, MARLENE
Address: 1550 NW 159TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: DESSOURCES, MARLENE
Address: 1550 NW 159TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

Title: T (X) Change ( ) Addition
Name: MEDACIER, ODIANE
Address: 1622 OPAL CREEK DR.
City-St-Zip: WESTON, FL 33331

Title: AS ( ) Change (X) Addition
Name: DUBUISSON, KETSIA
Address: 6201 N. FALLS CIRCLE DR. #214
City-St-Zip: LAUDERHILL, FL 33319

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: MARIE O. ETIENNE P 06/07/2005

Electronic Signature of Signing Officer or Director — Date