

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05724

FILED  
Apr 30, 2006  
Secretary of State

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

**Current Principal Place of Business:**

19830 NE 14 AVENUE  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**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: DESSOURCES, MARLENE  
Address: 1550 NW 159TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: MEDACIER, ODIANE  
Address: 1622 OPAL CREEK DR.  
City-St-Zip: WESTON, FL 33331

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

**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:

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

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: ODIANE MEDACIER

T

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date