

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05724

FILED
Apr 20, 2007
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:

21931 SW 94TH AVENUE
CUTLER BAY, FL 33190 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:

CESAR, MARLENE
21931 SW 94TH AVENUE
CUTLER BAY, FL 33190 US

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: MARLENE CESAR

04/20/2007

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: 2 VP (X) Change () Addition
Name: MEDACIER, ODIANE
Address: 16229 OPAL CREEK DRIVE
City-St-Zip: WESTON, FL 33331

Title: PRES (X) Change () Addition
Name: CESAR, MARLENE
Address: 21931 SW 94TH AVENUE
City-St-Zip: CUTLER BAY, FL 33190

Title: TREA (X) Change () Addition
Name: DUBUISSON, AMINA
Address: 1636 SW 116 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: AT (X) Change () Addition
Name: JEAN-BAPTISTE, EMMANUELLA
Address: 565 NW 153RD STREET
City-St-Zip: MIAMI, FL 33169

Title: S (X) Change () Addition
Name: JACQUES, EVA
Address: 388 SW 163RD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

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: MARLENE CESAR

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date