2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N05724

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

Current Principal Place of Business:

21931 SW 94TH AVENUE
CUTLER BAY, FL 33190 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:

CESAR, MARLENE
21931 SW 94TH AVENUE
CUTLER BAY, FL 33190 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:	2 VP	( ) Delete
Name:	MEDACIER, ODIANE	
Address:	16229 OPAL CREEK DRIVE	
City-St-Zip:	WESTON, FL 33331	
Title:	PRES	( ) Delete
Name:	CESAR, MARLENE	
Address:	21931 SW 94TH AVENUE	
City-St-Zip:	CUTLER BAY, FL 33190	
Title:	TREA	( ) Delete
Name:	DUBUISSON, AMINA	
Address:	1636 SW 116 AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	AT	( ) Delete
Name:	JEAN-BAPTISTE, EMMANUELLA	
Address:	565 NW 153RD STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	S	( ) Delete
Name:	JACQUES, EVA	
Address:	388 SW 163RD AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33027	

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:	TREA	(X) Change ( ) Addition
Name:	DUBUISSON, AMINA	
Address:	5181 SW 173 RD AVENUE	
City-St-Zip:	MIRAMAR, FL 33029	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	JUSTILIEN, ELSIE	
Address:	3860 SW 147 AVE	
City-St-Zip:	MIRAMAR, FL 33029	

I hereby certify that the information supplied with this filing does not qualify 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: AMINA DUBUISSON TREA 04/16/2008

Electronic Signature of Signing Officer or Director — Date