


APPROVAL
03-19-2007 90087 028 *****75.00
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07 APR -2 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000007026			
1. Entity Name HAITIAN - AMERICAN NATIONAL COUNCIL, INC.			
Principal Place of Business 8300 NW 53RD ST., SUITE 350 MIAMI, FL 33166		Mailing Address 8300 NW 53RD ST., SUITE 350 MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 6416 NE 2nd AVE Suite, Apt. #, etc.		3. Mailing Address 8567 Coral Way # 321 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
4. FEI Number 35-2294427		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, THEODORE 8300 NW 53RD ST., SUITE 350 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name NYDIA DEL VALLE Street Address (P.O. Box Number is Not Acceptable) 8567 Coralway #321 City MIAMI FL Zip Code 33155	
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>Nydia del Valle</i>		DATE <i>03/01/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYONS, THEODORE 8300 NW 53RD ST., SUITE 350 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN CLAUDE COMPAS * 8567 Coral Way #321 M MIAMI FL ##33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GEORGES, JEAN N 12385 NW 17TH AVE. MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEIDMAN, MARVIN B 8501 SW 8TH AVE., #203 MIAMI, FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANS MARDY 8567 Coral Way #321 MIAMI FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALPHONSE, MARIE J 18710 NE 9TH AVE., #203 MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILSAINT, MENELAS 12385 NW 17TH AVE. MIAMI, FL 33167 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trust 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>[Signature]</i>		DATE <i>03-01-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Document corrected per Larry Fain. DSC