

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001317

FILED  
Aug 26, 2011  
Secretary of State

**Entity Name:** HAITIAN AMERICAN RENAISSANCE PROJECT, INC.

**Current Principal Place of Business:**

550 NE 125TH STREET  
N MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

550 NE 125TH STREET  
N MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 27-1872777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANON, HENRY  
550 NE 125TH STREET  
N MIAMI, FL 33161 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: D  
Name: SANON, HENRY  
Address: 550 NE 125TH STREET  
City-St-Zip: N MIAMI, FL 33161

Title: D  
Name: JEAN-MARY, REGINALD  
Address: 110 NE 62ND STREET  
City-St-Zip: MIAMI, FL 33138

Title: D  
Name: FLEURANTIN, JEAN P  
Address: 16222 SW 18TH ST  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: MOMPOINT, GUY  
Address: DELMAS 75 AVE DES TOURTERELLES  
City-St-Zip: HAITI, WI

Title: D  
Name: LEMOINE, BOB  
Address: 8518 SW 166TH PLACE  
City-St-Zip: MIAMI, FL 33193

Title: D  
Name: HERNANDEZ, LAZARO  
Address: 2231 SUDBURY RD NW  
City-St-Zip: WASHINGTON, DC 20012

I hereby 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 all other like empowered.

SIGNATURE: HENRY SANON

PRES

08/26/2011

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

\_\_\_\_\_  
Date