2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19490

FILED Apr 09, 2006 Secretary of State

Entity Name: GREATER MIAMI HAITIAN FEDERATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CNAB RD C, FL 33321	US	7104 NW 68 STREET TAMARAC, FL 33321	US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7104 NW (TAMARAC	68 ST C, FL 33321	US			
FEI Number	: 65-0055187	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
7104 N.W TAMARAC The above	N, MIZEREL . 68 STREET C, FL 33321 . named entity e of Florida.	US submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTOR	
Title:					
Name: Address:	PT (ROBINSON, M 7104 NW 68 S TAMARAC, FL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	ROBINSON, M 7104 NW 68 S TAMARAC, FL TVP (HYMAN, GEOF 4200 NW 35 A	IZEREL V TREET 33321) Delete RGE	Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ROBINSON, M 7104 NW 68 S TAMARAC, FL TVP (HYMAN, GEOF 4200 NW 35 A LAUDERDALE	IZEREL V TREET 33321) Delete RGE VE LAKES, FL 33309) Delete DNNE URT	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	ROBINSON, M 7104 NW 68 S TAMARAC, FL TVP (HYMAN, GEOF 4200 NW 35 A LAUDERDALE D (FRANCIS, YVC 5580 SW 7CO MARGATE, FL	IZEREL V TREET 33321) Delete RGE VE LAKES, FL 33309) Delete DNNE URT 33068) Delete OR STREET	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

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: MIZEREL ROBINSON P/S 04/09/2006