


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90280 004 ****70.00

DOCUMENT # N30945

1. Entity Name
HAITIAN ORGANIZATION OF WOMEN, INC.



Principal Place of Business
**162 SW FIRST AVE
 HOMESTEAD, FL 33030 US**

Mailing Address
**162 SW FIRST AVE
 HOMESTEAD, FL 33030 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
65-0341706

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUCENA, MICHELINE
 17781 S.W. 113 AVENUE
 MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DUCENA, MICHELINE | |
| STREET ADDRESS | 17781 SW 113 AVE | |
| CITY-ST-ZIP | MIAMI, FL 33157 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | NUMA, YOLAINE | |
| STREET ADDRESS | 12125 SW 187 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33177 | |
| TITLE | ED | <input type="checkbox"/> Delete |
| NAME | DUCENA, MICHELINE | |
| STREET ADDRESS | 17781 SW 113 AVE | |
| CITY-ST-ZIP | MIAMI, FL 33157 | |
| TITLE | VC | <input checked="" type="checkbox"/> Delete |
| NAME | DESIR, CARINE | |
| STREET ADDRESS | 7901 SW 67 TH TERR | |
| CITY-ST-ZIP | MIAMI, FL 33143 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cuekie Bellande | |
| STREET ADDRESS | 16380 SW 293 St | |
| CITY-ST-ZIP | Homestead, FL 33033 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 or trustee 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (305) 245 8158
 Date Date/Phone #

245 8158