


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 AUG 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number 65-0341706				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 CUCKITA K. BELLANDE Street Address (P.O. Box Number is Not Acceptable) 162 SW FIRST AVENUE City HOMESTEAD FL Zip Code 33030		

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 *Cuckita K. Bellande* **CUCKITA K. BELLANDE** 08/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P DUCENA, MICHELINE 17781 SW 113 AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE	P/ED CUCKITA K. BELLANDE 16380 SW 293 Street Homestead, Florida 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S/D NUMA, YOLAINE 12125 SW 187 STREET MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE	T/D MARGUERITE SAMSON 10841 SW 122 Street Miami, Florida 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	ED DUCENA, MICHELINE 17781 SW 113 AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE	CH/D LARRY O'TOOLE 9800 SW 159 Street Miami, Florida 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP BELLANDE, CUCKIE 16380 SW 293 ST HOMESTEAD, FL 33033	<input checked="" type="checkbox"/> Delete	TITLE	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	(Empty)	<input type="checkbox"/> Delete	TITLE	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	(Empty)	<input type="checkbox"/> Delete	TITLE	(Empty)	<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 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: *Larry O'Toole* **LARRY O'TOOLE** 8-15-07 786-554-161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #