


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N31367 1. Entity Name CENTER FOR HAITIAN STUDIES, INC.	
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Principal Place of Business 8260 N.E. 2ND AVE MIAMI, FL 33138-3815 US	Mailing Address 8260 N.E. 2ND AVE MIAMI, FL 33138-3815 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0136723	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERRE, LAURINUS
7736 EMBASSY BLVD
MIRAMAR, FL 33023

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIERRE, LAURINUS 7736 EMBASSY BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARMEUS, JACOB 6151 MIRAMAR PARKWAY, #216 MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SMITH, PRINCE 1425 N.W. 10TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PAGE, J. BRYAN 12401 S.W. 84TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000005875
01/15/04-80009-005 75.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: LAURINUS PIERRE, M.D., M.P.H., EXEC. DIRECTOR 01/08/04 305-757-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #