


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31367**  
 1. Entity Name  
**CENTER FOR HAITIAN STUDIES, INC.**



Principal Place of Business      Mailing Address  
 8260 N.E. 2ND AVE                      8260 N.E. 2ND AVE  
 MIAMI, FL 33138-3815 US              MIAMI, FL 33138-3815 US

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP      CR2E037 (10/03)

4. FEI Number       Applied For  
 65-0136723                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PIERRE, LAURINUS  
 7736 EMBASSY BLVD  
 MIRAMAR, FL 33023

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	

U00000177450  
 01/11/05-80045-002 75.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 similar like empowered.

**SIGNATURE:** Laurinus Pierre, M.D., M.P.H., Exec. Director      01/05/05      (305) 757-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #