


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 17 AM 8:16

<b>DOCUMENT # N31367</b> 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**



01032006 No Chg-NP CR2E037 (11/05)

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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PIERRE, LAURINUS  
7738 EMBASSY BLVD  
MIRAMAR, FL 33023

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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 reissuing) 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

300064583118  
1/26/06--01058--006 \*\*75.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE, LAURINUS 7738 EMBASSY BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARMEUS, JACOB 6151 MIRAMAR PARKWAY, #218 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	

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IN THIS SPACE**

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:** LAURINUS PIERRE, M.D., M.P.H., EXEC. DIRECTOR      01/10/2006      305-757-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

1/18/06