

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33543

FILED
Apr 28, 2005
Secretary of State

Entity Name: HAITIAN-AMERICAN ASSOCIATION OF ENGINEERS AND SCIENTISTS, INC.

Current Principal Place of Business:

PO BOX 693072
MIAMI, FL 332699998

New Principal Place of Business:

Current Mailing Address:

PO BOX 693072
MIAMI, FL 332699998

New Mailing Address:

FEI Number: 65-0198172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, JOCELYN
6420 SW 128TH CT., UNIT 103
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DAVID, JOCELYN
Address: 6420 SW 138TH COURT, UNIT #103
City-St-Zip: MIAMI, FL 33183 US

Title: DVC () Delete
Name: LEVEILLE, MARC A
Address: 116 40 SW 92 ST
City-St-Zip: MIAMI, FL 33176 US

Title: DS () Delete
Name: BLOT, CHARLES
Address: 14810 TETHERCLIFT STREET
City-St-Zip: PEMBROKE PINES, FL 33331 US

Title: DT () Delete
Name: MASSAC, MAX E P.E.
Address: 17501 NW 49 AVE
City-St-Zip: MIAMI, FL 33055 US

Title: D () Delete
Name: CASTOR, SEVIGNE
Address: 10353 SW 9TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D () Delete
Name: BOSQUET, JEAN L
Address: 2040 FOREST GATE DRIVE W.
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPR (X) Change () Addition
Name: DAVID, JOCELYN
Address: 6420 SW 138TH COURT, UNIT #103
City-St-Zip: MIAMI, FL 33183 US

Title: DC (X) Change () Addition
Name: LEVEILLE, MARC A
Address: 116 40 SW 92 ST
City-St-Zip: MIAMI, FL 33176 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVC (X) Change () Addition
Name: CASTOR, SEVIGNE
Address: 10353 SW 9TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX E. MASSAC

DT

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date