

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33543

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5951 NW 173RD DRIVE  
SUITE 1-C  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 821456  
PEMBROKE PINES, FL 33082

**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:**

MASSAC, MAX E P.E.  
17501 NW 49TH AVE.  
MIAMI GARDENS, FL 33055      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: BLOT, CHARLES E  
Address: 14810 TETHERCLIFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33331 US

Title: DVC      ( ) Delete  
Name: FONTAINE, SERGE  
Address: 14293 NW 22ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: DS      ( ) Delete  
Name: EUGENE, BERNARD  
Address: PO BOX 821456  
City-St-Zip: PEMBROKE PINES, FL 33082 US

Title: DT      ( ) Delete  
Name: MASSAC, MAX E P.E.  
Address: 17591 NW 49TH AVE.  
City-St-Zip: MIAMI GARDENS, FL 33055 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date