

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

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N36722 1. Entity Name HAITIAN AMERICAN FOUNDATION, INC.	
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Principal Place of Business 5080 BISCAYNE BLVD MIAMI, FL 33137 US	Mailing Address 5080 BISCAYNE BLVD MIAMI, FL 33137 US
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DO NOT WRITE IN THIS SPACE

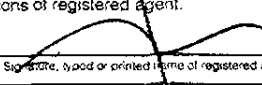
6. Name and Address of Current Registered Agent

CAYARD, RINGO
6660 BISCAYNE BLVD.
MIAMI, FL 33138

07202004 No Chg-NP CR2E037 (10/03)

4. FE Number 65-0187599	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

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  8/9/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing) DATE

Filing Fee is \$61.25 Due by September 9, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

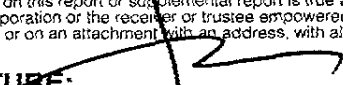
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DWYER, OVRIL 5580 NE 2ND CT #2 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SENATUS, PIERRE C 6660 BISCAYNE BLVD. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LABOSSIERE JULES 8340 NE 2ND AVE. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEDEON, JEAN-ROBERT 20860 SAN SIMEON WAY N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FANFAN, BERNARD 170 NE 96TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENOL, RALPH 9337 NW 2ND CT MIAMI SHORES, FL 33150

UD00000169903
08/12/04-80002-015 61.25

UD00000169903
08/12/04-80002-016 8.75

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:  8/9/04 305-758-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #