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.

Principal Place of Business	Mailing Address
5080 BISCAYNE BLVD MIAMI, FL 33137 US	5080 BISCAYNE BLVD MIAMI, FL 33137 US

07202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0187599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAYARD, RINGO
6660 BISCAYNE BLVD.
MIAMI, FL 33138

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000169903
08/12/04-80002-015 61.25

U00000169903
08/12/04-80002-016 8.75

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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)(i), 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 #