


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90188 007 \*\*\*\*70.00

**DOCUMENT # N95000000156**

1. Entity Name  
**HAITIAN-AMERICAN CENTER FOR ECONOMIC AND PUBLIC AFFAIRS (HACEPA), INC.**



Principal Place of Business 8325 NE 2ND AVENUE 205 MIAMI, FL 33138	Mailing Address 8325 NE 2ND AVENUE 205 MIAMI, FL 33138
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**50048511**



2. Principal Place of Business	3. Mailing Address <b>P.O. Box 380327</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04282005 Chg-NP CR2E037 (10/03)

City & State	City & State <b>Miami Florida</b>	4. FEI Number <b>65-0672400</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip <b>33238</b>	Country <b>U.S.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**CANTAVE, JEAN-CLAUDE P**  
**1970 N.W. 180TH ST.**  
**MIAMI, FL 33056**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
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 May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS <input type="checkbox"/> Delete
NAME	PHILOGENE, MARIE E
STREET ADDRESS	12620 NW 12TH AVENUE
CITY-ST-ZIP	NORTH MIAMI, FL 33168
TITLE	DP <input type="checkbox"/> Delete
NAME	JEAN-LOUIS, ROLAND DR.
STREET ADDRESS	13785 NW 5TH AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	T <input type="checkbox"/> Delete
NAME	DESTINE, JEAN-CLAUDE
STREET ADDRESS	345 NW 101ST ST
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	DVP <input type="checkbox"/> Delete
NAME	MONDESIR, LEON T
STREET ADDRESS	580 NE 133RD ST
CITY-ST-ZIP	NORTH MIAMI, FL
TITLE	D <input type="checkbox"/> Delete
NAME	MIRVILLE, ERNST
STREET ADDRESS	12320 NE 6TH AVENUE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	D <input type="checkbox"/> Delete
NAME	NARCHET, FLAYEL
STREET ADDRESS	7624 N.E. 2ND AVE
CITY-ST-ZIP	MIAMI, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis, Berthony
STREET ADDRESS	586 NW 108th Street
CITY-ST-ZIP	Miami Florida 33150
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **4-29-2005 (305) 759-4795**

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