


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

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90173 002 \*\*\*\*61.25

**DOCUMENT # N97000000443**

1. Entity Name  
**SOCIETY OF HAITIAN-AMERICAN PROFESSIONALS, INC.**



Principal Place of Business  
**16950 W. DIXIE HWY., SUITE 633**  
**NORTH MIAMI, FL 33160 US**

Mailing Address  
**16950 W. DIXIE HWY., SUITE 633**  
**NORTH MIAMI, FL 33160 US**

44071797

2. Principal Place of Business  
**13018 NE 8th Ave**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.



05022004 Chg-NP CR2E037 (10/03)

City & State  
**N. Honeystone**

City & State  
**North Miami, FL**

Zip  
**33161**

Country  
**Miami, Dade**

4. FEI Number  
**65-1050902**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERRE-LOUIS, BAYARD**  
**9721 W. ELM LANE**  
**MIRAMAR, FL 33025**

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 September 8, 2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	CD METELUS, GIEPSIE M 5000 BISCAYNE BLVD., #110 MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PIERRE-LOUIS, BAYARD 9721 W. ELM LANE MIRAMAR, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EC FLORENCE, MARIE-BELL 1035 N.E. 10 AVENUE N. MIAMI, FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEPTUNE, PHILIPS 164 N.E. 162 STREET MIAMI, FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAL PIERRE-LOUIS, JACQUES 2701 N.E. 199 STREET MIAMI, FL 33170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Jean Honeystone</b> 13018 NE 8th Ave N. Miami, FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Jean Honeystone **Pres** 4-30-04 305-893-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #