

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

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N99000005460

Entity Name: HAITIAN-AMERICAN PARENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1405 NW 167TH ST, SUITE 100  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1405 NW 167TH ST, SUITE 100  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 65-0998688      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEAN-PHILLIPE, MARIE L  
1405 NW 167TH ST, SUITE 100  
MIAMI, FL 33169

**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: PD ( ) Delete  
Name: AIME, OCTAVIUS  
Address: PO BOX 600144  
City-St-Zip: N MIAMI, FL 33162

Title: VD ( ) Delete  
Name: PHILIPPE, MARIE JEAN  
Address: PO BOX 600144  
City-St-Zip: N MIAMI, FL 33162

Title: 2VP ( ) Delete  
Name: JOACHIM, KETLEY  
Address: PO BOX 600144  
City-St-Zip: MIAMI, FL 33162

Title: RSD ( ) Delete  
Name: EUGENE, PATRICIA  
Address: PO BOX 600144  
City-St-Zip: MIAMI, FL 33162

Title: ARSD ( ) Delete  
Name: JOSEPH, MARIE L  
Address: PO BOX 600144  
City-St-Zip: MIAMI, FL 33162

Title: TD ( ) Delete  
Name: LUNDY, CHARLES  
Address: PO BOX 600144  
City-St-Zip: MIAMI, FL 33162

**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 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 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: OCTAVIUS AIME

PD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date