

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005460

FILED
Aug 31, 2007
Secretary of State

Entity Name: HAITIAN-AMERICAN STUDENTS' & 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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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: VP () Delete
Name: ADEUS, JOCELYN
Address: PO BOX 600144
City-St-Zip: N MIAMI, FL 33162

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

Title: ARSD () Delete
Name: FLOVELLA, JOANNE
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: 2VP () Delete
Name: JEAN-PHILLIPE, SANDY
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 exemption stated in Chapter 119, 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: SANDY JEAN-PHILIPPE

2VP

08/31/2007

Electronic Signature of Signing Officer or Director

_____ Date