

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040041

FILED
Apr 29, 2005
Secretary of State

Entity Name: INSTITUT SUPERIEUR TECHNIQUE D'HAITI, INC.

Current Principal Place of Business:

3801 S OCEAN DR
STE 42
HOLLYWOOD, FL 33019

New Principal Place of Business:

13971 OAK RIDGE DR
DAVIE, FL 33325

Current Mailing Address:

3801 S OCEAN DR
STE 42
HOLLYWOOD, FL 33019

New Mailing Address:

13971 OAK RIDGE DR
DAVIE, FL 33325

FEI Number: 35-2201742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN K PA
801 NE 167 ST. #200
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SCHWARTZ, STEVEN K PA
20801 BISCAYNE BLVD.
506
AVENTURA, FL 33180 US

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: STEVEN K. SCHWARTZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LECONTE, PIERRE R
Address: 3801 S. OCEAN DR. SUITE 42
City-St-Zip: HOLLYWOOD, FL 33019

Title: P () Delete
Name: LECONTE, RUDOLPHE
Address: 3801 S. OCEAN DR SUITE 42
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: NAMPHY, PAUL C
Address: 3801 S. OCEAN DRIVE, APT. 4-Z
City-St-Zip: HOLLYWOOD, FL 330192902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LECONTE, PIERRE R
Address: 13971 OAK RIDGE DR
City-St-Zip: DAVIE, FL 33325

Title: P (X) Change () Addition
Name: LECONTE, RUDOLPHE
Address: 13971 OAK RIDGE DR
City-St-Zip: DAVIE, FL 33325

Title: S (X) Change () Addition
Name: NAMPHY, PAUL C
Address: 13971 OAK RIDGE DR
City-St-Zip: DAVIE, FL 33325

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLPHE LECONTE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date