2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003908

1. Entity Name
HAITIAN COMMUNITY SERVICES OF SOUTH DADE, INC.

Principal Place of Business	Mailing Address
13327 SW 46TH LANE MIAMI, FL 33175	13327 SW 46TH LANE MIAMI, FL 33175

04142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1007697

Applied For
Not Applic.

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

6. Name and Address of Current Registered Agent

DURAND, VIOLETTE
13327 SW 46TH LANE
MIAMI, FL 33175

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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 acc the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000562394
05/19/06-80054-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DURAND, VIOLETTE
STREET ADDRESS	13327 SW 46TH LANE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VPD
NAME	BARTHOLE, PAUL A
STREET ADDRESS	14503 SW 106TH TERR.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	YVONE, JOLY
STREET ADDRESS	13200 S.W. 128 STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	LEON, FRANCOISE
STREET ADDRESS	19945 S.W. 135 AVE.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatio 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Violette Durand 04-28-06 305-338-1536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #