2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002394

FILED May 04, 2008 Secretary of State

Entity Name: THE ASSOCIATION OF HAITIAN EDUCATORS OF DADE, INC.

Current Principal Place of Business: New Principal Place of Business:

15966 S.W. 14 STREET PEMBROKE PINES, FL 33027

Current Mailing Address: New Mailing Address:

15966 S.W. 14 STREET PEMBROKE PINES, FL 33027

FEI Number: 65-0512234 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: Name and Address of New Registered Agent:

BERTRAND, JEAN-ROBERT 15966 S.W. 14 STREET PEMBROKE, FL 33027 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:

City-St-Zip:

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City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PEMBROKE PINES, FL 33027

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 LAGUERRE, FABRICE
 Name:
 BAUTISTA, JOEY

 Address:
 470 N.W. 130 STREET
 Address:
 700 NE 164 STREET

 City-St-Zip:
 NORTH MIAMI, FL 33168
 City-St-Zip:
 NORTH MIAMI, FL 33162

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 BERTRAND, JEAN-ROBERT
 Name:
 RIDORE, BENEUS

 Address:
 15966 S.W. 14 STREET
 Address:
 19340 NW 4 AVE.

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:
 MIAMI, FL 33169

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ABRAHAM, MILDRED
 Name:
 ANTOINE, WIDLYNE

 Address:
 758 N.E. 127 STREET
 Address:
 6621 COCONUT DR.

 City-St-Zip:
 NORTH MIAMI, FL 33161
 City-St-Zip:
 MIRAMAR, FL 33023

 Title:
 T
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 POLYNICE, YVES
 Name:
 BERTRAND, JEAN-ROBERT

 Address:
 304 N.W 69 AVENUE #255
 Address:
 15966 S.W. 14 STREET

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: JEAN-ROBERT BERTRAND OFFI 05/04/2008