

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006649

**Entity Name:** HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.

**Current Principal Place of Business:**

8325 NE 2 AVENUE  
MIAMI, FL 33138

**Current Mailing Address:**

8325 NE 2 AVENUE  
MIAMI, FL 33138

**FEI Number: 65-1057381**

**Certificate of Status Desired: Yes**

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

LEVANS, LATANIA  
3400 NE 192 STREET  
1209  
MIAMI, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NICHOLSON, CORINNE  
Address 11271 SW 45 MANOR #6  
City-State-Zip: MIRAMAR FL 33025

Title V  
Name MANIUS, LOUIS  
Address 14850 W DIXIE HWY  
City-State-Zip: NORTH MIAMI FL 33181

Title TD  
Name LOUIS, SUZE ST  
Address 13155 IXORA COURT  
APT# 501  
City-State-Zip: NORTH MIAMI FL 33181

Title S  
Name BROWN, ANNEZE  
Address 4798 NW 6TH COURT  
City-State-Zip: DELRAY BEACH FL 33445

Title M  
Name MUNIZ, ANGEL PHD  
Address 2500 NE 135 STREET  
APT#. 1008  
City-State-Zip: NORTH MIAMI FL 33181

*I hereby 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 all other like empowered.*

**SIGNATURE: CORINNE NICHOLSON**

**P**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date