

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

DOCUMENT# N04000002234

**Entity Name:** HAITIAN HERITAGE MUSEUM CORP.

**Current Principal Place of Business:**

4141 NE 2ND AVENUE  
SUITE 105 C  
MIAMI, FL 33137

**Current Mailing Address:**

PO BOX 370809  
MIAMI, FL 33137

**FEI Number:** 41-2131422

**Certificate of Status Desired:** No

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

PIERRE, EVELINE  
17 NW 110 STREET  
MIAMI SHORES, FL 33168 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 D  
Name PIERRE, EVELINE  
Address 17 NW 110 STREET  
City-State-Zip: MIAMI SHORES FL 33168

Title D  
Name RODRIGUE, SERGE  
Address 1032 NW 103RD STREET  
City-State-Zip: MIAMI FL 33150

Title D  
Name EVELINE PIERRE  
Address PO BOX 370809  
City-State-Zip: MIAMI FL 33137

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:** EVELINE PIERRE

**EXECUTIVE DIRECTOR**

**01/13/2014**

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

\_\_\_\_\_  
Date