

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001198

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC7656564895**

**Entity Name:** HAITIAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

**Current Principal Place of Business:**

1510 NE 165 STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1510 NE 165 STREET  
NORTH MIAMI BEACH, FL 33162

**FEI Number: 20-2373322**

**Certificate of Status Desired: No**

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

PIERRE, PAOLA  
8588 NW 1ST LANE  
MIAMI, FL 33126 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 C  
Name SALIBA, PIERRE  
Address 186590 SW 12 STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title VC  
Name LOZAMA, JEFF  
Address 3333 NW 168 STREET  
City-State-Zip: MIAMI GARDENS FL 33015

Title T  
Name SICLAIT, RAOUL  
Address 8525 SW 181ST TERRACE  
City-State-Zip: MIAMI FL 33157

Title SEC  
Name CAMBRONNE, REGINE M  
Address 12262 SW 143 LANE  
City-State-Zip: MIAMI FL 33186

Title EXECUTIVE DIRECTOR  
Name PIERRE, PAOLA  
Address 8588 NW 1ST LANE  
City-State-Zip: MIAMI FL 33126

*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: PAOLA PIERRE**

**EXECUTIVE DIRECTOR**

**04/29/2013**

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

\_\_\_\_\_  
Date