2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05724

Entity Name: HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.

FILED Mar 10, 2022 **Secretary of State** 2802876991CC

Current Principal Place of Business:

1870 NE 171 STREET N. MIAMI BEACH, FL 33162

Current Mailing Address:

PO BOX 695069 MIAMI, FL 33269 US

FEI Number: 59-2463138 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSE, VALCIN 655 NW 183RD WAY PEMBROKE PINES, FL 33029 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: ROSE VALCIN 03/10/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **PRES** Title 1ST VP

VALCIN, ROSE Name Name ST THOMAS AZEMAR, KATIANA

665 NW 183RD WAY Address 821 NE 206 ST Address City-State-Zip: MIAMI FL 33179 PEMBROKE PINES FL 33029

Title **TREASURER** Title 2ND VP

Name TOUSSAINT, NIMRODE Name FLEUR-AIME, MYRNELLE

Address 20620 NW 12TH CT Address 6941 SW 9TH ST

MIAMI GARDENS FL 33169 City-State-Zip: City-State-Zip: MIRAMAR FL 33023

SECRETARY Title Title ASST. TREASURER Name BLAISE, KATIANA HENRY, NANCY Name

Address 100 KINGS POINT DR. APT. 815 12985 NE 4TH AVE Address City-State-Zip: SUNNY ISLES BEACH FL 33160 MIAMI FL 33161 City-State-Zip:

Title ASST. SECRETARY JEAN-MARY, PEPITA Name

17272 ORANGE BOULEVARD Address City-State-Zip: LOXAHATCHEE FL 33470

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.

03/10/2022 SIGNATURE: ROSE VALCIN' **PRESIDENT**