

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N05724

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

**FILED**  
**May 21, 2021**  
**Secretary of State**  
**1483309042CC**

**Current Principal Place of Business:**

666 NE 125TH STREET  
SUITE 238  
N. MIAMI, FL 33161

**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:**

ETIENNE, SAMANTHA  
9065 SW 19 ST  
MIRAMAR, FL 33025 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:** SAMANTHA ETIENNE

05/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name VALCIN, ROSE  
Address 665 NW 183RD WAY  
City-State-Zip: PEMBROKE PINES FL 33029

Title 1ST VP  
Name ST THOMAS AZEMAR, KATIANA  
Address 821 NE 206 ST  
City-State-Zip: MIAMI FL 33179

Title 2ND VP  
Name FLEUR-AIME, MYRNELLE  
Address 6941 SW 9TH ST  
City-State-Zip: MIRAMAR FL 33023

Title TREASURER  
Name TOUSSAINT, NIMRODE  
Address 20620 NW 12TH CT  
City-State-Zip: MIAMI GARDENS FL 33169

Title ASST. TREASURER  
Name HENRY, NANCY  
Address 12985 NE 4TH AVE  
City-State-Zip: MIAMI FL 33161

Title SECRETARY  
Name BLAISE, KATIANA  
Address 100 KINGS POINT DR. APT. 815  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title ASST. SECRETARY  
Name JEAN-MARY, PEPITA  
Address 17272 ORANGE BOULEVARD  
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.*

**SIGNATURE:** ROSE VALCIN

MS.

05/21/2021

Electronic Signature of Signing Officer/Director Detail

Date