

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

DOCUMENT# N05724

**Entity Name:** HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC3699296904****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:**SALOMON, MARJORIE  
2265 SW 117AVENUE  
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: MARJORIE SALOMON****01/11/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	1 VP
Name	LOZAMA, MARJORIE	Name	LOVANICE, LISA F
Address	1940 SW 129TERRACE	Address	7377 NW 174 TERRACE APT #101
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIAMI FL 33015
Title	2 VP	Title	TREA
Name	ANTOINE, ANGELIQUE	Name	SALOMON, MARJORIE
Address	800 NE 163RD STREET	Address	2265 SW 117TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	MIRAMAR FL 33025
Title	AT	Title	SEC
Name	LOUIS, PAULINE M	Name	JEAN- MICHEL, NATALY
Address	21060 NORTH MIAMI AVE	Address	550 NE 159TH STREET
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33162

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: MARJORIE SALOMON****TREASURER****01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date