

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05724

Entity Name: HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.**FILED**
Apr 15, 2013
Secretary of State
CC0566510612**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:**ELSIE, JUSTILIEN
3860 SW 147 AVENUE
MIRAMAR, FL 33027 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	PRES
Name	MIRVILLE, NAHOMIE
Address	7771 ORLEANS ST.
City-State-Zip:	MIRAMAR FL 33023

Title	1 VP
Name	DUBUISSON, AMINA
Address	5181 SW 173RD AVE
City-State-Zip:	MIRAMAR FL 33029

Title	2 VP
Name	LOZAMA, MARJORIE
Address	1940 SW 129TH TERRACE
City-State-Zip:	MIRAMAR FL 33027

Title	TREA
Name	JUSTILIEN, ELSIE
Address	3860 SW 147TH AVE
City-State-Zip:	MIRAMAR FL 33027

Title	AT
Name	GANTHIER, JEFFERSON
Address	825 NE 138 ST
City-State-Zip:	MIAMI FL 33161

Title	SEC
Name	EXTRA, CARMANTE
Address	1031 NE 138 STREET
City-State-Zip:	MIAMI FL 33161

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: ELSIE JUSTILIEN**TREASURER****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date