

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05724

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

**FILED**  
**Jun 17, 2019**  
**Secretary of State**  
**3237399182CC**

**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:**

PAUL, LOUISE MARJORI  
21013 NORTHWEST 14TH PLACE  
UNIT 243  
MIAMI GARDENS, FL 33169 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:** LOUISE MARJORI PAUL

06/17/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name LOUIS-MAGISTE, PAULINE  
Address 21060 NORTH MIAMI AVENUE  
City-State-Zip: NORTH MIAMI FL 33161

Title 1ST VP  
Name BARREAU, NADINE  
Address 8540 NW 54TH ST  
City-State-Zip: LAUDERHILL FL 33351

Title 2ND VP  
Name VALCIN, ROSE  
Address 685 NW 183RD WAY  
City-State-Zip: PEMBROKE PINES FL 33029

Title TREASURER  
Name ETIENNE, SAMANTHA  
Address 9065 SW 19 ST  
City-State-Zip: MIRAMAR FL 33025

Title ASST. TREASURER  
Name MONTOBAN, JACINTH  
Address 933 NW 206 ST.  
City-State-Zip: MIAMI GARDENS FL 33169

Title SECRETARY  
Name FLEUR-AIME, MYRNELLE  
Address 6941 SW 9TH ST  
City-State-Zip: PEMBROKE PINES FL 33023

Title ASST. SECRETARY  
Name GEFFRARD, DENICK  
Address 1510 NE 62ND ST.  
City-State-Zip: FORT LAUDERDALE FL 33334

*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:** SAMANTHA ETIENNE

06/17/2019

Electronic Signature of Signing Officer/Director Detail

Date