

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

DOCUMENT# N13000004803

**FILED**  
**Jan 22, 2014**  
**Secretary of State**  
**CC7499912883**

**Entity Name:** HAITIAN ART PRODUCTION INITIATIVE INC.

**Current Principal Place of Business:**

5835 SW 28 ST  
MIAMI, FL 33155

**Current Mailing Address:**

5835 SW 28 ST  
MIAMI, FL 33155 US

**FEI Number: 46-4594621**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EGOZI, ELIAS J  
5835 SW 28 ST  
MIAMI, FL 33155 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 P  
Name EL-SAIEH, TOM  
Address 1525 MICHIGAN AVE UNIT 6  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name EL-SAIEH, VIKOR  
Address 1525 MICHIGAN AVE UNIT 6  
City-State-Zip: MIAMI BEACH FL 33139

Title BD  
Name EGOZI, ELIAS J  
Address 5835 SW 28 ST  
City-State-Zip: MIAMI FL 33155

Title DD  
Name OXIOS, DAVID J  
Address 1446 URBINO AVE  
City-State-Zip: CORAL GABLES FL 33146

Title PD  
Name MICHAEL, CLIFFORD G  
Address 1490 NE 103 ST  
City-State-Zip: MIAMI SHORES FL 33139

*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: ELIAS EGOZI**

**BUSINESS  
DIRECTOR/REGISTERED  
AGENT**

**01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date