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.

Ρ

SIGNATURE: LUNES GASSANT

City-State-Zip: MIRAMAR FL 33023

Electronic Signature of Signing Officer/Director Detail

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: LUNES GASSANT 06/08/2015

OIGNATORE				00/00/2013
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	P	Title	VP	
Name	GASSANT, LUNES	Name	DELESSY, NELLY	
Address	1835 SW 150TH AVE	Address	1835 SW 150TH AVE	
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027	
Title	S			
Name	PROPHETE, ANDRE P			
Address	3801 E. LAKE RD			

GASSANT, LUNES 1835 SW 150TH AVE MIRAMAR, FL 33027 US

Current Mailing Address:

1835 SW 150TH AVE MIRAMAR, FL 33027 US

FEI Number: 47-2404011

Name and Address of Current Registered Agent:

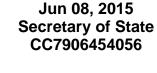
2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010814

Entity Name: HAITIAN-AMERICANS FOR EDUCATION, INC.

Current Principal Place of Business:

1835 SW 150TH AVE MIRAMAR, FL 33027



FILED

Certificate of Status Desired: No

06/08/2015

Date