#### 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.

OWNER

SIGNATURE: WILL VITAL

Electronic Signature of Signing Officer/Director Detail

ID, SPANA P.O.BOX 551439 1245 MYAKKA DR Address Address

City-State-Zip:

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		
Officer/Director Detail :			
Title	Р	Title	VP
Name	VITAL, WILL L	Name	DAVID, SPANA

VITAL, WILL 851 KAZAROS CIRCLE

OCOEE, FL 34761 US

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N1700002473

Entity Name: HAITIAN GLOBAL SERVICES NETWORK, INC.

### **Current Principal Place of Business:**

851 KAZAROS CIRCLE OCOEE. FL 34761

### **Current Mailing Address:**

P.O.BOX 551439 ORLANDO, FL 32855 US

# FEI Number: 82-0880898

# Name and Address of Current Registered Agent:

Certificate of Status Desired: No

ORLANDO FL 32839

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

City-State-Zip: ORLANDO FL 32855 Title TRES VITAL, YOLINE L Name 851 KAZAROS CIRCLE Address City-State-Zip: OCOEE FL 34761

Date

03/11/2018

Date

