

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002473

**FILED**  
**Jan 22, 2021**  
**Secretary of State**  
**7228935682CC**

**Entity Name:** HAITIAN GLOBAL SERVICES NETWORK, INC.

**Current Principal Place of Business:**

1325 W ANDERSON ST  
SUITE 2 P.O.BOX 551439  
ORLANDO, FL 32855

**Current Mailing Address:**

P.O.BOX 551439  
ORLANDO, FL 32855 US

**FEI Number: 82-0880898**

**Certificate of Status Desired: Yes**

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

VITAL, WILL  
851 KAZAROS CIRCLE  
OCOEE, FL 34761 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 VITAL, WILL L  
Address P.O.BOX 551439  
City-State-Zip: ORLANDO FL 32855

Title VP  
Name DAVID, SPANA  
Address 1245 MYAKKA DR  
City-State-Zip: ORLANDO FL 32839

Title TREASURER  
Name VITAL, YOLINE L  
Address P.O.BOX 551439  
City-State-Zip: ORLANDO FL 32855

Title SECRETARY  
Name PETION, MAKENS  
Address 851 KAZAROS CIRCLE  
City-State-Zip: OCOEE FL 34761

Title ASST. SECRETARY  
Name VITAL, RIVIERE H  
Address 2614 JUDGE LOOP  
City-State-Zip: KISSEEMMEE FL 34743

Title MEMBER  
Name LUBIN, MARIETTA  
Address 1286 BUNNELL RD  
City-State-Zip: ALTAMONTE SPRING FL 32714

Title MEMBER  
Name VITAL, LENZ  
Address 11714 DELWICK DR  
City-State-Zip: WINDERMERE FL 34786

*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: VITAL, WILL**

**PRESIDENT**

**01/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date