

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000008948

**Entity Name:** HAITIAN DIASPORA UNITED INC**Current Principal Place of Business:**3975 S ORANGE BLOSSOM TRL  
105  
ORLANDO, 32839**Current Mailing Address:**P.O. BOX 593399  
ORLANDO, 32839 UN**FEI Number:** 88-0918002**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAUTRUCHE, LESLY  
909 ROCK OAK DR  
ORLANDO, FL 32809 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            | DAUTRUCHE, LESLY |
| Address         | 909 ROCK OAK DR  |
| City-State-Zip: | ORLANDO FL 32809 |

|                 |                        |
|-----------------|------------------------|
| Title           | SECRETARY              |
| Name            | EDOUARD, CARLL         |
| Address         | 608 SOTOGRADE ST       |
| City-State-Zip: | GRAND PRAIRIE TX 75051 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MARKETING DIRECTOR      |
| Name            | PIERRE, DIEUNITE        |
| Address         | 5461 LIMELIGHT CIR<br>3 |
| City-State-Zip: | ORLANDO FL 32839        |

|                 |                           |
|-----------------|---------------------------|
| Title           | VP                        |
| Name            | FAUSTIN, SHILLER          |
| Address         | 2163 RIVERTREE CIR<br>203 |
| City-State-Zip: | ORLANDO FL 32839          |

|                 |                              |
|-----------------|------------------------------|
| Title           | TREASURER                    |
| Name            | PIERRE, CHARLY               |
| Address         | 5301 POINTE VISTA CIR<br>201 |
| City-State-Zip: | 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 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:** LESLY DAUTRUCHE**PRESIDENT****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date