

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006832

Entity Name: HAITIAN JUBILEE MINISTRIES INC.

FILED  
Apr 02, 2004  
Secretary of State

**Current Principal Place of Business:**

PO BOX 245836  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 245836  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-1050901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ST. FLEUR, DOMINIQUE  
3923 LAKE WORTH ROAD STE 215  
LAKE WORTH, FL 33461 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: ST FLEUR, DOMINIQUE  
Address: 3923 LAKE WORTH RD #215  
City-St-Zip: LAKE WORTH, FL 33461

Title: CT ( ) Delete  
Name: CESAR, EMMANUEL REV  
Address: 22612 SW 65TH WAY  
City-St-Zip: BOCA RATON, FL 33028

Title: ST ( ) Delete  
Name: VALCIN, RACHEL  
Address: 5614 SW 36TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: TT ( ) Delete  
Name: VALCIN, ISMANIE  
Address: 5614 SW 36TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RACHEL P. VALCIN

ST

04/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date