

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008524 1. Entity Name HAITIAN AMERICAN CITIZENSHIP AND VOTER EDUCATION CENTER INC.	
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Principal Place of Business 8370 NE 2ND AVE MIAMI, FL 33138 US	Mailing Address 8370 NE 2ND AVE MIAMI, FL 33138 US
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DO NOT WRITE IN THIS SPACE

07012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-1072355	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DESPINOSSE, JACQUES 95 NE 131 ST NORTH MIAMI, FL 33161	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

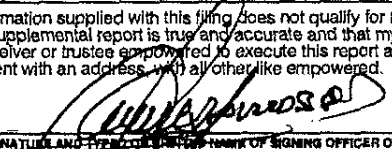
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILIPPE, ROSELINE 12205 NE MIAMI CT NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SANON, HENRY DR 550 NE 125 ST NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CHARLES, SIDNEY P.O. BOX 694910 MIAMI, FL 33269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUGUSTIN, IVANOVNA 62 NW 48 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOSEPH, STACEY 62 NW 48 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVARISTE, LEOPOLD 12790 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161

**DO NOT WRITE
IN THIS SPACE**

U00000374205
07/22/05-80012-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 
SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date **7/20/05** Daytime Phone # _____