

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90002 002 \*\*\*\*61.25

**DOCUMENT # N01000006060**

1. Entity Name  
**THE HAITIAN AMERICAN LAW ENFORCEMENT  
OFFICERS ASSOCIATION, INC.**



Principal Place of Business  
**860 NE 141 ST  
N MIAMI, FL 33161**

Mailing Address  
**PO BOX 611983  
N. MIAMI, FL 33261**

**54073057**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08192004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-1141495**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFONTANT, YVES  
860 NE 141 ST  
N MIAMI, FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LAFONTANT, YVES S.R.  
860 NE 141 ST  
N MIAMI, FL 33161** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
RICKY PIERRE  
1233 MARSEILLE DRIVE #01  
H.B. FL 33141** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DAZA, MICHAEL  
18620 NW 22ND AVE APT 300  
OPA LOCKA, FL 33056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PRADEL VILME  
1733 NE 162 ST  
W.M.B. 33162** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ANGRAND, FRANZ  
1370 NE 207 TERRACE  
MIAMI, FL 33179** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ST GERMAIN RICHARD  
39 NW 135 ST.  
M.B. FL 33162** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DUPERA, SHELLY  
1925 NORMANDY DRIVE  
MIAMI BEACH, FL 33141** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**YVES LAFONTANT S.R.** **09-10-04 786-306-4419**