2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State
05-19-2006 90024 029 ****61.25

DOCUMENT # N01000008227

1. Entity Name
HAITIAN-AMERICAN HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
9822 NE 2 AVE SUITE #3 MIAMI, FL 33138	9822 NE 2 AVE SUITE #3 MIAMI, FL 33138

05142006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-3846942 ☐ 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
FILS-AIME, DANIEL SR/ 9822 NE 2 AVE SUITE #3 MIAMI, FL 33138	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 6, 2006

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	CD FILS-AIME, DANIEL 9822 NE 2AVE #3 MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDOUARD SICLAIT 4100 NE 2 AVE #310 MIAMI FL 33137	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXIS, MARCEL 11311 SW 154 ST MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRADEL VILME 1733 NE 162 ST N. MIAMI BEACH FL 33162	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASTIEN, MARLEINE 710 NE 152 STREET MIAMI, FL 33162	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CELESTIN MICHEL 1733 NE 162 ST N. MIAMI BEACH FL 33162	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELFORT, WILFRID 1030 NE 180 TERR N MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JEAN MAPOU 5919 NE 2 AVE MIAMI FL 33137	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONTAVE, JEAN CLAUDE 1970 NE 180 ST MIAMI GARDENS, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR SMITH JOSEPH 13377 W. DIXIE HWY N. MIAMI BEACH FL 33161	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHARLES, CLAUDE 145 NW 127 ST N MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HARRY ST LOUIS 6862 W. ATLANTIC AVE MARGATE FL 33065	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daniel Aime 5-1-06 786 621-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #