2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90452 046 ****70.00

DOCUMENT # N01000008227

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

400917663

04272007 Chg-NP CR2E037 (12/06)

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

2. Principal Place of Business - No P.O. Box #	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 May 1, 2007

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	D Jean Claude Exulien 220 N.E. 48 Stred 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	D Bernice Morris 19220 E. Country Club Drive Aventura, FL 33180	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CELESTIN, MICHAEL 1733 NE 162ND ST NORTH MIAMI BEACH, FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pradel vilme 1733 N.E. 162 Street 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	D Serge Rodrigue 1032 N.W. 103 St. Miami, FL 33150	☐ 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	D Jean Mapou 5919 N.E. 2 Ave. Miami, FL 33137	☐ 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	D Anthony Box 290 N.W. 165 Street - P100 Miami, FL 33169	☐ 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 Fils-Aime Daniel Fils-Aime 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Pg. 2 of 2 pages

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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		☐ Change ☐ Addition
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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		☐ Change ☐ Addition
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SIGNATURE: Daniel Fils-Aime - Daniel Fils-Aime 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #