2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-02-2005 90976 035 ****61.25

66022564

DOCUMENT # N02000000210

1. Entity Name
SLN-HAITI, INC.

Principal Place of Business
19600 NE MIAMI COURT
MIAMI, FL 33179

Mailing Address
19600 NE MIAMI COURT
MIAMI, FL 33179

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number 04-3601226 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALCINDOR, JUDE
19600 NE MIAMI COURT
MIAMI, FL 33179

7. Name and Address of New Registered Agent

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, 2005

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

TITLE	DVP	☐ Delete
NAME	LALEAU, JEAN CLAUDE	
STREET ADDRESS	1080 NE 161 TER	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE	DPR	☐ Delete
NAME	ALCINDOR, JUDE	
STREET ADDRESS	19600 NE MIAMI CT	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	DT	☐ Delete
NAME	NELFORT, IRMA	
STREET ADDRESS	20441 NE 14 CT	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: JEAN CLAUDE LALEAU 4/25/05 305.380.3658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #