2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90350 009 ****70.00

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1. Entity Name
HAITIAN SALESIAN ALUMNI ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6151 MIRAMAR PKWY, SUITE 205 MIRAMAR, FL 33023	P. O. BOX 848756 PEMBROKE PINES, FL 33084

04032004 Chg-NP CR2E037 (10/03)

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 03-0463114 ☐ 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
PERKINS, NOEL 6151 MIRAMAR PKWY, SUITE 205 MIRAMAR, FL 33023	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 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	PD FOSTER, GEORGES 3821 NW 107TH WAY SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOLTAIRE, MICHAEL 345 NW 194 TERR. MIAMI, FL 33169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACHILLE, ANDRE 4284 NW 37TH TERR. LAUDERDALE LAKES, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACHILLE, ANDRE 4284 NW 37th TERR. LAUDERDALE LAKES, FL 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VOLTAIRE, EMMANUEL J 1970 NW 100TH WAY PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOSEPH, JEAN-CLAUDE 220 NW 99 ST MIAMI, FL 33150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALEXIS, FRITZ 1531 NW 134 ST MIAMI, FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALEXIS, FRITZ 1531 NW 134 ST MIAMI, FL 33167	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O OLIBAICE, WESLEY 330 NE 160 ST MIAMI, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O OLIBRICE, WESLEY 330 NE 160 ST MIAMI, FL 33162	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O BRUNEL, CHILERIC P 1260 SW 85 TERR HOLLYWOOD, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O GAUTHIER, EMILIO 19511 NW 37 CT. CAROL CITY, FL 33055	☒ 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)(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: JOSEPH, JEAN-CLAUDE _____ 4/26/04 786 390-4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #