
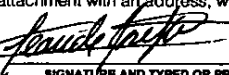


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90060 025 \*\*\*\*61.25

<b>DOCUMENT # N02000001834</b>					
<b>1. Entity Name</b> HAITIAN SALESIAN ALUMNI ASSOCIATION OF FLORIDA, INC.					
<b>Principal Place of Business</b> 345 NW 194 TERRACE MIAMI, FL 33169			<b>Mailing Address</b> P. O. BOX 848756 PEMBROKE PINES, FL 33084		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03-0463114	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
VOLTAIRE, EMMANUEL J 1970 NW 100 WAY PEMBROKE PINES, FL 33024			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> VOLTAIRE, MICHAEL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 345 NW 194 TERRACE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> MIAMI, FL 33169					
<b>TITLE</b> VD	<b>NAME</b> ACHILLE, ANDRE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4284 NW 37TH TERR.			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> LAUDERDALE LAKES, FL 33309					
<b>TITLE</b> SD	<b>NAME</b> JOSEPH, JEAN-CLAUDE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 220 NW 99 ST			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> MIAMI, FL 33150					
<b>TITLE</b> TD	<b>NAME</b> VOLTAIRE, EMMANUEL J		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1970 NW 100TH WAY			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33024					
<b>TITLE</b> HIST	<b>NAME</b> MONDESIR, WILSON		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 100 NE 212ST			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> MIAMI, FL 33179					
<b>TITLE</b> PR	<b>NAME</b> BRUNEL, CHILDERIC P		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1260 SW 85 TERR			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33025					
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>JEAN-CLAUDE JOSEPH</b>		<b>2/20/08</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<b>786 390-4765</b>
			<small>Daytime Phone #</small>		