2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N02000001834

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

Current Principal Place of Business:

345 NW 194 TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 848756
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 03-0463114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLTAIRE, EMMANUEL J
1970 NW 100 WAY
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VOLTAIRE, MICHAEL	
Address:	345 NW 194 TERRACE	
City-St-Zip:	MIAMI, FL 33169	
Title:	VD	( ) Delete
Name:	ACHILLE, ANDRE	
Address:	4284 NW 37TH TERR.	
City-St-Zip:	LAUDERDALE LAKES, FL 33309	
Title:	SD	( ) Delete
Name:	JOSEPH, JEAN-CLAUDE	
Address:	220 NW 99 ST	
City-St-Zip:	MIAMI, FL 33150	
Title:	TD	( ) Delete
Name:	VOLTAIRE, EMMANUEL J	
Address:	1970 NW 100TH WAY	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	HIST	( ) Delete
Name:	MONDESIR, WILSON	
Address:	100 NE 212ST	
City-St-Zip:	MIAMI, FL 33179	
Title:	PR	( ) Delete
Name:	BRUNEL, CHILDERIC P	
Address:	1260 SW 85 TERR	
City-St-Zip:	HOLLYWOOD, FL 33025	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PR	(X) Change ( ) Addition
Name:	LIONEL, CHEVALIER	
Address:	15217 SW 112 CT	
City-St-Zip:	MIAMI, FL 33157	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMANUEL J VOLTAIRE TD 04/05/2009

Electronic Signature of Signing Officer or Director — Date