

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001834

FILED
Mar 30, 2010
Secretary of State

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:

540 NW 132 ST
MIAMI, FL 33168

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
Name: VOLTAIRE, MICHAEL
Address: 9410 POINCIANA PLACE # 306
City-St-Zip: DAVIE, FL 33324 US

Title: VD
Name: ACHILLE, ANDRE
Address: 4284 NW 37TH TERR.
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: SD
Name: JOSEPH, JEAN-CLAUDE
Address: 220 NW 99 ST
City-St-Zip: MIAMI, FL 33150

Title: TD
Name: VOLTAIRE, EMMANUEL J
Address: 1970 NW 100TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: HIST
Name: MONDESIR, WILSON
Address: 100 NE 212ST
City-St-Zip: MIAMI, FL 33179

Title: PR
Name: LIONEL, CHEVALIER
Address: 15217 SW 112 CT
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: EMMANUEL J VOLTAIRE

TD

03/30/2010

Electronic Signature of Signing Officer or Director

Date