2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002951

1. Entity Name
HAITIAN AMERICAN BUSINESS COUNCIL, INC.(HABC)

Principal Place of Business	Mailing Address
201 W. SUNRISE BLVD., SUITE 1 FT. LAUDERDALE, FL 33311	201 W. SUNRISE BLVD., SUITE 1 FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

08142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0418804

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REMY, EDDY
242A NW 63RD AVE.
SUNRISE, FL 33313

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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 of an officer or director of the registered agent (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REMY, EDDY
STREET ADDRESS	2421 NW 63RD AVE.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	VD
NAME	COMPAS, MARIE K
STREET ADDRESS	6753 W CAMDIA DR
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	POLO, ARNEL
STREET ADDRESS	7647 TAM O'SHANTER BLVD.
CITY-ST-ZIP	N. LAUDERDALE FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/20/04-80005-002 61.25

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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: _____ (EDDY REMY) 08/14/04 954-588-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #