


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003908		
1. Entity Name HAITIAN COMMUNITY SERVICES OF SOUTH DADE, INC.		
Principal Place of Business 13327 SW 46TH LANE MIAMI, FL 33175		Mailing Address 13327 SW 46TH LANE MIAMI, FL 33175
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DURAND, VIOLETTE 13327 SW 46TH LANE MIAMI, FL 33175		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURAND, VIOLETTE 13327 SW 46TH LANE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARTHOLE, PAUL A 14503 SW 106TH TERR. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YVONE, JOLY 13200 S.W. 128 STREET MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEON, FRANCOISE 19945 S.W. 135 AVE. MIAMI, FL 33177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Violette Durand</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-28-06 305-338-1531 <small>Date Daytime Phone #</small>



04142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
33-1007697 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**