2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005202

FILED Mar 31, 2007 Secretary of State

Entity Name: (HAYTFO) HAITIAN AMERICAN YOUTH TASK FORCE, INC.

Current Principal Place of Business: New Principal Place of Business: 555 NW 87TH STREET MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** P.O. BOX 3804001 P.O. BOX 680988 NORTH MIAMI, FL 33168 US MIAMI, FL 33138 US FEI Number: 32-0022484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSIER, JOSEPH A EXEC. D 555 N.W. 87TH STREET MIAMI, FL 33150 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition VIEUX, HAROLD DR Name: VIEUX, HAROLD DR. Name: 360 N.E. 151ST STREET Address: 360 N.E. 151ST STREET Address: City-St-Zip: NORTH MIAMI-BEACH, FL 33162 US City-St-Zip: NORTH MIAMI-BEACH, FL 33162 US Title: Title: () Delete () Change () Addition BAZILE, MANOTTE Name: Name: Address: 6750 S.W. 20TH COURT Address: City-St-Zip: MIRAMAR, FL 33023 US City-St-Zip: Title: MEM () Delete Title: () Change () Addition THEODATE, RODRICK SECRET. Name: Name: 14020 BISCAYNE BLVD, # 204 Address: Address: City-St-Zip: MIAMI, FL 33181 US City-St-Zip: Title: **TRES** () Delete Title: () Change () Addition SIGUINEAU, CAMELIA TRESUR. Name: Name: 170 NW 139 STREET Address: Address: City-St-Zip: MIAMI, FL 33168 US City-St-Zip: Title: MEM () Delete Title: () Change () Addition GARRY, CHERY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: DR. REVERENT HAROLD VIEUX PRES 03/31/2007

461 NW 131 STREET

MIAMI, FL 33168

Address:

City-St-Zip: