2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000008535

Entity Name: HAITIAN CITIZEN UNITED TASKFORCE INC.

Current Principal Place of Business:

1001 UPLAND RD
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1001 UPLAND RD
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 45-0490182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURANDISSE, REGINALE
1001 UPLAND RD
WEST PALM BEACH, FL 33401

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:	D	( ) Delete
Name:	JOSEPH, GINETTE	
Address:	1718 SOUTH DOUGLAS ST.	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	( ) Delete
Name:	ST. DUC, GERTY	
Address:	544 JACKSON AVENUE C	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	( ) Delete
Name:	PIERRE, SONNY	
Address:	315 ANDERSON RD.	
City-St-Zip:	LANTANA, FL 33462	
Title:	O	( ) Delete
Name:	LOUIS JEUNE, PHILIPPE	
Address:	P.O. BOX 3904	
City-St-Zip:	WEST PALM BEACH, FL 33402	
Title:	O	( ) Delete
Name:	DURANDISSE, REGINALE	
Address:	1001 UPLAND RD.	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	O	( ) Delete
Name:	WILNER, ALTHOURISTE	
Address:	5904 LINCOLN CIR. WEST	
City-St-Zip:	LAKE WORTH, FL 33463	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REGINALE DURANDISSE O 04/30/2004

Electronic Signature of Signing Officer or Director — Date