

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009737

**FILED**  
**Jul 19, 2004**  
**Secretary of State****Entity Name:** HAITIAN EDUCATIONAL DEVELOPMENTAL ORGANIZATION, INC.**Current Principal Place of Business:**6506 N FLORIDA AVE, STE 201  
TAMPA, FL 33604**New Principal Place of Business:**8019 N. HIMES AVE  
311  
TAMPA, FL 33614**Current Mailing Address:**6506 N FLORIDA AVE, STE 201  
TAMPA, FL 33604**New Mailing Address:**8019 N. HIMES AVE  
311  
TAMPA, FL 33614**FEI Number:** 54-2086891**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LOUISSAINT, PIERRE J  
10413 VILLA VIEW CIRCLE  
12  
TAMPA, FL 33647 US**Name and Address of New Registered Agent:**LOUISSAINT, PIERRE J  
8019 N. HIMES AVE  
311  
TAMPA, FL 33614 US

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: \_\_\_\_\_

07/19/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PDT ( ) Delete  
**Name:** LOUISSAINT, PIERRE J  
**Address:** 10413 VIEW CIRCLE  
**City-St-Zip:** TAMPA, FL 33647**Title:** VP ( ) Delete  
**Name:** HUBERT, LABBE  
**Address:** 45305 ORANGE BLTR  
**City-St-Zip:** ORLANDO, FL**Title:** TR ( ) Delete  
**Name:** GERALD, CLEMENTE  
**Address:** 981 MCLEAN STREET  
**City-St-Zip:** TAMPA, FL 34698**Title:** ADM (X) Delete  
**Name:** ISLAINE, MALDONADO  
**Address:** 3612 JEFFERSON COMM  
**City-St-Zip:** TAMPA, FL 33613**Title:** S ( ) Delete  
**Name:** SAINT-LOUIS, JULIA  
**Address:** 4522 W HANNA AVE  
**City-St-Zip:** TAMPA, FL 33614**Title:** C ( ) Delete  
**Name:** EL ISENA, LOUISSAINT  
**Address:** 10413 VILLA VIEW CIRCLE  
**City-St-Zip:** TAMPA, FL 33647**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PDT (X) Change ( ) Addition  
**Name:** LOUISSAINT, PIERRE J  
**Address:** 8019 N. HIMES AVE # 311  
**City-St-Zip:** TAMPA, FL 33614 US**Title:** VP (X) Change ( ) Addition  
**Name:** MALDONADO, ISLAINE  
**Address:** 8019 N. HIMES AVE # 311  
**City-St-Zip:** TAMPA, FL 33647 US**Title:** TR (X) Change ( ) Addition  
**Name:** ELISENA, LOUISSAINT  
**Address:** 8019 N. HIMES AVE # 311  
**City-St-Zip:** TAMPA, FL 33614 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S (X) Change ( ) Addition  
**Name:** GRETCHEN, CHARLES  
**Address:** 8019 N. HIMES AVE # 311  
**City-St-Zip:** TAMPA, FL 33614 US**Title:** C (X) Change ( ) Addition  
**Name:** GESSE, RODRIGUE  
**Address:** 8019 N. HIMES AVE # 311  
**City-St-Zip:** TAMPA, FL 33614 US

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: PIERRE LOUISSAINT

PDT

07/19/2004

Electronic Signature of Signing Officer or Director

Date