


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000065

1. Entity Name
ASSOCIATION DES DIPLOMES DE LA FACULTE DES SCIENCES DE L'UNIVERSITE D'HAITI, INC.



Principal Place of Business
**9047 EASTHAVEN CT.
 NEW PORT RICHEY, FL 34655**

Mailing Address
**9047 EASTHAVEN CT.
 NEW PORT RICHEY, FL 34655**

DO NOT WRITE IN THIS SPACE



03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
57-1158303 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FELIX, GUY
 8660 NW 24TH STREET
 SUNRISE, FL 33322**

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JEANTY, FRITZ
STREET ADDRESS	9074 EASTHAVEN CT.
CITY-ST-ZIP	NEW PROT RICHEY, FL 34655
TITLE	D
NAME	ADRIEN, NICOLAS
STREET ADDRESS	16287 NW 15TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	REID, RAYMOND
STREET ADDRESS	14213 STURTEVANT ROAD
CITY-ST-ZIP	SILVER SPRINGS, MD 20905
TITLE	D
NAME	PIERRE-ANTONIE, CLAUDE
STREET ADDRESS	572 KIROUAC
CITY-ST-ZIP	QUEBEC, CANADA GIN 2H8,
TITLE	D
NAME	BOURDEAU, IVENS
STREET ADDRESS	48 RUE LAURIER #1
CITY-ST-ZIP	DELMAS, HAITI,
TITLE	D
NAME	DALENCOUR, JOSE
STREET ADDRESS	99 RUE GREGOIRE
CITY-ST-ZIP	PETION-VILLE, HAITI,

U00000764250
 05/30/07-80051-016 61.25

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **03-20-07** ⁷²⁷ **375-9627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #