

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 26, 2009  
Secretary of State

DOCUMENT# N03000000065

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

**Current Principal Place of Business:**

9047 EASTHAVEN CT.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

9047 EASTHAVEN CT.  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 57-1158303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

REID, RAYMOND  
150 NE TWYLITE TER.  
PORT SAINT LUCIE, FL 34983      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: RAYMOND REID      04/26/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JEANTY, FRITZ  
Address: 9074 EASTHAVEN CT.  
City-St-Zip: NEW PROT RICHEY, FL 34655

Title: D      ( ) Delete  
Name: ADRIEN, NICOLAS  
Address: 16287 NW 15TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D      ( ) Delete  
Name: REID, RAYMOND  
Address: 14213 STURTEVANT ROAD  
City-St-Zip: SILVER SPRINGS, MD 20905

Title: D      ( ) Delete  
Name: PIERRE-ANTONIE, CLAUDE  
Address: 572 KIROUAC  
City-St-Zip: QUEBEC, CANADA GIN 2H8, OC

Title: D      ( ) Delete  
Name: BOURDEAU, IVENS  
Address: 48 RUE LAURIER #1  
City-St-Zip: DELMAS, HAITI, OC

Title: D      ( ) Delete  
Name: DALENCOUR, JOSE  
Address: 99 RUE GREGOIRE  
City-St-Zip: PETION-VILLE, HAITI, OC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: FELIX, GUY  
Address: 8660 NW 24TH STREET  
City-St-Zip: SUNSET, FL 33322

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 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.

SIGNATURE: FRITZ JEANTY      D      04/26/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date