

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001853

FILED
Apr 28, 2004
Secretary of State

Entity Name: ORGANIZATION FOR THE DEVELOPMENT OF HAITI INC

Current Principal Place of Business:

17311 NW 36 AVE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

17311 NW 36 AVE
MIAMI, FL 33056

New Mailing Address:

P.O. BOX 814924
HOLLYWOOD, FL 33081 US

FEI Number: 57-1151654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLLEY, LYONEL
17311 NW 36 AVE
MIAMI, FL 33056

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: P () Delete
Name: WOOLLEY, LYONEL
Address: 17311 NW 36 AVE
City-St-Zip: MIAMI, FL 33056

Title: V () Delete
Name: WOOLLEY, MONALISA
Address: 17311 NW 36 AVE
City-St-Zip: MIAMI, FL 3056

Title: S () Delete
Name: LAFORTUNE, WESLY
Address: 17311 NW 36 AVE
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: LAFORTUNE, ELDER
Address: 17311 NW 36 AVE
City-St-Zip: MIAMI, FL 33056

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:

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: LYONEL WOOLLEY

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date