

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90006 046 ****70.00

DOCUMENT # N03000007840

1. Entity Name

HAITIAN-AMERICAN CORPORATION, INC.



Principal Place of Business

Mailing Address

PO BOX 11865
NAPLES FL 34101-1865

PO BOX 11865
NAPLES FL 34101-1865

04072155

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INNOCENT, MARIE E
519 GREEN BRIAR BLVD.
ALTAMONTE SPRINGS FL 32714-2318

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME INNOCENT, MARIE E
STREET ADDRESS 519 GREENBRIAR BLVD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-2318

TITLE EMMANUEL LAPOTERIE/S ☐ Change ☒ Addition
NAME 519 GREENBRIAR BLVD.
STREET ADDRESS ALTAMONTE SPRINGS, FL.
CITY-ST-ZIP 32714-2316

TITLE VT ☐ Delete
NAME INNOCENT, JOSUE
STREET ADDRESS 519 GREENBRIAR BLVD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-2318

TITLE RAYMOND ARNOUX/D ☐ Change ☒ Addition
NAME 1419 PULASKI STREET,
STREET ADDRESS PORT CHARLOTTE, FLORIDA,
CITY-ST-ZIP 33952

TITLE S ☒ Delete
NAME INNOCENT, WILL
STREET ADDRESS 3113 N. POWERS DR.
CITY-ST-ZIP ORLANDO FL 32818-3182

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Marie E. Innocent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE ELSIE INNOCENT 9/01/04

(239) 596-1976

Date

Daytime Phone #