

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008269

FILED  
Aug 30, 2005  
Secretary of State

**Entity Name:** HAITIAN ASSOCIATION TENNIS AID, INC.

**Current Principal Place of Business:**

14610 SW 99 AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

14610 SW 99 AVE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

LOUIS, IPHTON  
14610 SW 99 AVE  
MIAMI, FL 33176 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOUIS, IPHTON  
Address: 14610 SW 99 AVE  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: MULTIDOR, ANTOINE  
Address: 888 BRICKEL KEY DR #602  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: GUICHARD, RAPHAEL  
Address: 16607 NW 73 CT  
City-St-Zip: MIAMI LAKES, FL 33014

**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:

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: IPHTON LOUIS

PRES

08/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date