

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002234

FILED
Apr 03, 2007
Secretary of State

Entity Name: HAITIAN HERITAGE MUSEUM CORP.

Current Principal Place of Business:

17 NW 110 STREET
MIAMI SHORES, FL 33168

New Principal Place of Business:

Current Mailing Address:

PO BOX 370809
MIAMI, FL 33137

New Mailing Address:

FEI Number: 41-2131422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, EVELINE
17 NW 110 STREET
MIAMI SHORES, FL 33168 US

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: D () Delete
Name: PIERRE, EVELINE
Address: 17 NW 110 STREET
City-St-Zip: MIAMI SHORES, FL 33168

Title: D () Delete
Name: RODRIGUE, SERGE
Address: 1032 NW 103RD STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: JONASSAINT, WINNIE
Address: 15601 NW 52ND AVENUE #105
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 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: EVELINE PIERRE

DIRE

04/03/2007

Electronic Signature of Signing Officer or Director

Date