2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005
Secretary of State

DOCUMENT# N04000004316

Entity Name: HAITIANS FOR A BETTER SOCIETY INC.

Current Principal Place of Business:

UNIVERSITY OF SOUTH FLORIDA
4202 EAST FOWLER AVENUE
TAMPA, FL 33620

New Principal Place of Business:

Current Mailing Address:

UNIVERSITY OF SOUTH FLORIDA
4202 EAST FOWLER AVENUE
TAMPA, FL 33620

New Mailing Address:

UNIVERSITY OF SOUTH FLORIDA
4202 EAST FOWLER AVENUE USF 30646
TAMPA, FL 33620

FEI Number: 73-1710143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DORFEUILLE, RONALD
1310 N. 20TH STREET APT. 12
TAMPA, FL 336123760 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: LAMARRE, OBED
Address: 6920 CASTLE DRIVE #E
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: VERNET, JHIEMS
Address: 13645 GRASTON DR.
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete
Name: SOUFFRANT, FRANTZ
Address: 12701 N 50TH STREET #1
City-St-Zip: TAMPA, FL 33617

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: RONALD DORFEUILLE P 06/24/2005

Electronic Signature of Signing Officer or Director — Date