


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90490 036 ****70.00

DOCUMENT # N04000004805 1. Entity Name HAITIAN STUDENTS FOUNDATION, INC.			
Principal Place of Business 1784 N CONGRESS AVE STE 103 W PALM BEACH, FL 33409		Mailing Address P.O. BOX 7001 LAKE WORTH, FL 33466	
2. Principal Place of Business 710 Executive CIR Drive Suite, Apt. #, etc. 1-12		3. Mailing Address Suite, Apt. #, etc.	
City & State West Palm Beach, Florida		City & State	
Zip 33401	Country USA	4. FEI Number 20-0941103	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSQUET, MARIO A 909 ASPEN RD W PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	P CHERIZA, RALPH 710 EXECUTIVE CENTER DR #1-12 W PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 JEAN, MICHELLE 4321 NE 13th AVE Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIGAREAU, HEROLD 410 HOPE CIR ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 JACQUES, MARIE-ANGE 88 ANDROS ROAD PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GABONTON, PEGUY 5521 MAINSHIP DR GREENACRES, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIE-ANDRE, JACQUES 88 ANDROS RD PALM SPRINGS, FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADEUS, RODLY 6131 STUDENTS DR #E-26 ORLANDO, FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSQUET, MARIO 909 ASPEN RD W PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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: <i>Ralph Cheriza</i>		04/25/05 561-689-0143	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	