

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004805

FILED
Apr 26, 2006
Secretary of State

Entity Name: HAITIAN STUDENTS FOUNDATION, INC.

Current Principal Place of Business:

710 EXECUTIVE CTR DRI E
1-12
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7001
LAKE WORTH, FL 33466

New Mailing Address:

FEI Number: 20-0941103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOSQUET, MARIO A
909 ASPEN RD
W PALM BEACH, FL 33409 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: P () Delete
Name: CHERIZA, RALPH
Address: 710 EXECUTIVE CENTER DR #1-12
City-St-Zip: W PALM BEACH, FL 33401

Title: V () Delete
Name: FIGAREAU, HEROLD
Address: 410 HOPE CIR
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: JEAN, MICHELLE
Address: 4321 NE 13TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: T () Delete
Name: JACQUES, MARIE-ANDRE
Address: 88 ANDROS RD
City-St-Zip: PALM SPRINGS, FL 33461

Title: P () Delete
Name: MADEUS, RODLY
Address: 6131 STUDENTS DR #E-26
City-St-Zip: ORLANDO, FL 32826

Title: P () Delete
Name: BOSQUET, MARIO
Address: 909 ASPEN RD
City-St-Zip: W PALM BEACH, FL 33409

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:

Title: () Change () Addition
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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: RALPH CHERIZA

P

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date