2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004805

FILED Apr 29, 2008 Secretary of State

Entity Name: HAITIAN STUDENTS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3832 ELIZABETH ST 4320 UNION SQUARE BLVD LAKE WORTH, FL 33461 241 PALM BEACH GARDENS, FL 33410 **Current Mailing Address: New Mailing Address:** P.O. BOX 7001 LAKE WORTH, FL 33466 FEI Number: 20-0941103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOSQUET, MARIO A 909 ASPEN RD W PALM BEACH, FL 33409 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CHERIZA, RALPH CHERIZA, RALPH Name: Name: 427 BELLE GROVE LANE Address: 4320 UNION SQUARE BLVD # 241 Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: PALM BEACH GARDENS, FL 33410 Title: () Delete Title: () Change () Addition Name: MADEUS, RODLY Name: Address: 6661 NW 21ST ST Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: Title: () Delete Title: () Change () Addition MOREAU, MALIE Name: Name: 1639 MADISON STREET APT 6 Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition CELESTIN, DISANNE Name: Name: 114 TARA LAKES DR Address: Address: City-St-Zip: BOYNTON BEACH, FL 33636 City-St-Zip: Title: (X) Delete Title: () Change () Addition BOSQUET, MARIO Name: Name: 909 ASPEN RD Address: Address: City-St-Zip: W PALM BEACH, FL 33409 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 Ρ 04/29/2008