

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005328

FILED  
Mar 17, 2005  
Secretary of State

**Entity Name:** CONSORTIUM FOR THE ADVANCEMENT OF HAITI, INC.

**Current Principal Place of Business:**

2109 E PALM AVE SUITE 204  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

2109 E PALM AVE SUITE 204  
TAMPA, FL 33605

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: PHILOGENE, STEPHANE  
Address: 2109 E PALM AVE SUITE 204  
City-St-Zip: TAMPA, FL 33605

Title: VD ( ) Delete  
Name: GUILLAUME, NADINE  
Address: 2109 E PALM AVE SUITE 204  
City-St-Zip: TAMPA, FL 33605

Title: VTD ( ) Delete  
Name: NUMA, HANDY H  
Address: 2109 E PALM AVE SUITE 204  
City-St-Zip: TAMPA, FL 33605

Title: SD ( ) Delete  
Name: JEAN-LOUIS, CLAIRE  
Address: 2109 E PALM AVE SUITE 204  
City-St-Zip: TAMPA, FL 33605

**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  
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: NADINE GUILLAUME

VD

03/17/2005

Electronic Signature of Signing Officer or Director

Date