

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010584	
1. Entity Name HAITI SOLIDARITY, INC.	

Principal Place of Business 2650 SW 27TH AVENUE SUITE 200 MIAMI, FL 33133	Mailing Address 2650 SW 27TH AVENUE SUITE 200 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

	
01142008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 11-3747881	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KURZBAN, IRA 2650 SW 27TH AVENUE SUITE 200 MIAMI, FL 33133	

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

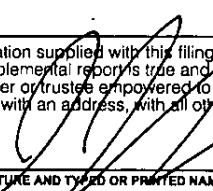
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITHER, SUZANNE 1635 NE 15TH AVE. FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, JACK 2431 NE 201ST STREET MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMINSKY, LEN 1940 BAY DRIVE, APT. 9-A MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONDREAU, LUCIE 1550 NE 123RD ST. N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000794687
01/28/08-80017-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/22/08 Daytime Phone # _____