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

01142008 No Chg-NP CR2E037 (4/06)

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITHER, SUZANNE
STREET ADDRESS	1635 NE 15TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	D
NAME	LIEBERMAN, JACK
STREET ADDRESS	2431 NE 201ST STREET
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	D
NAME	KAMINSKY, LEN
STREET ADDRESS	1940 BAY DRIVE, APT. 9-A
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	TONDREAU, LUCIE
STREET ADDRESS	1550 NE 123RD ST.
CITY-ST-ZIP	N. MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80017-023 61.25

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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: _____ 1/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #