

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010898

FILED
Feb 16, 2005
Secretary of State

Entity Name: CARING FOR HAITIAN ORPHANS WITH AIDS, INC.

Current Principal Place of Business:

11305 NORTH 51ST STREET
E-23
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

11305 NORTH 51ST STREET
E-23
TAMPA, FL 33617

New Mailing Address:

FEI Number: 20-2344610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENIS, MARIE F
11305 NORTH 51ST STREET
E-23
TAMPA, FL 33617 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: ED () Delete
Name: DENIS, MARIE F
Address: 11305 NORTH 51ST STREET APT. E-23
City-St-Zip: TAMPA, FL 33617

Title: A () Delete
Name: DANIEL, GARY S
Address: 708 KIGNSWOOD LOOP
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: KABIR, AHSAHUL
Address: 14535 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: M () Delete
Name: SZELAG, BARBARA
Address: 10200 N. ARMENIA AVE. # 606
City-St-Zip: TAMPA, FL 33612

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: MARIE FLORENCE DENIS

ED

02/16/2005

Electronic Signature of Signing Officer or Director

Date