

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010898

FILED
Apr 29, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

5050 SUNRIDGE PALMS DRIVE
201
TAMPA, FL 33617

Current Mailing Address:

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

New Mailing Address:

5050 SUNRIDGE PALMS DRIVE
#201
TAMPA, FL 33617

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
APT. E-23
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

DENIS-LUQUE, MARIE F
5050 SUNRIDGE PALMS DRIVE
#201
TAMPA, FL 33617 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: MARIE F. DENIS-LUQUE

04/29/2007

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: DAZA-ROMERO, NANCY DR.
Address: 10115 WHISPER POINTE DRIVE
City-St-Zip: TAMPA, FL 33647

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: DENIS-LUQUE, MARIE F
Address: 5050 SUNRIDGE PALMS DRIVE # 201
City-St-Zip: TAMPA, FL 33617

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: T () Change (X) Addition
Name: VINCENT, GABRIELLE
Address: 3940 MIAMI RD APT 4
City-St-Zip: CINCINNATI, OH 45227

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: MARIE F. DENIS-LUQUE

ED

04/29/2007

Electronic Signature of Signing Officer or Director

Date