2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010898

FILED Apr 13, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5050 SUNRIDGE PALMS DRIVE # 201 TAMPA, FL 33617 **New Mailing Address: Current Mailing Address:** 5050 SUNRIDGE PALMS DRIVE 5050 SUNRIDGE PALMS DRIVE # 201 TAMPA, FL 33617 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DENIS-LUQUE, MARIE F Name: Name: 5050 SUNRIDGE PALMS DRIVE # 201 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617 Title: Title: (X) Change () Addition () Delete DANIEL, GARY S Name: LUQUE, JOHN S DR Name: Address: 708 KIGNSWOOD LOOP Address: 5050 SUNRIDGE PALMS DR # 201 City-St-Zip: BRANDON, FL 33511 City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: () Change () Addition DAZA-ROMERO, NANCY DR. Name: Name: 10115 WHISPER POINTE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: M Μ (X) Change () Addition Name: SZELAG, BARBARA Name: RUTH, ANNA 10200 N. ARMENIA AVE. # 606 Address: Address: 866 41ST AVENUE N. City-St-Zip: TAMPA, FL 33612 City-St-Zip: ST. PETERSBURG, FL 33703 Title: () Delete Title: (X) Change () Addition VINCENT, GABRIELLE SZELAG, BARBARA Name: Name: 3940 MIAMI RD APT 4 10200 N ARMENIA AVE #606 Address: Address: City-St-Zip: CINCINNATI, OH 45227 City-St-Zip: TAMPA, FL 33612 Title: () Delete Title: () Change (X) Addition HAENDEL, ANN Name: Name: Address: Address: 503 78 AVE ST. PETERSBURG BEACH, FL 33706 City-St-Zip: City-St-Zip:

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 FLORENCE DENIS-LUQUE ED 04/13/2008