2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001673

FILED Jun 20, 2007 Secretary of State

Entity Name: ASSOCIATION OF HAITIAN SOCIAL WORKERS, INC.

Current Principal Place of Business:		New Principal Place of Business:	
2010 NW MIAMI, FL	193RD TERR . 33056		
Current N	Mailing Address:	New Maili	ing Address:
2010 NW MIAMI, FL	193RD TERR . 33056		
n accordar	r: 20-2807146 FEI Number Applied For () FE nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent:		
HOMY, M' 445 NE 11 MIAMI, FL	YRLENE 13TH STREET		
in the Stat	e of Florida.		
SIGNATU	RE: Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	
Title: Name: Address: City-St-Zip:	S () Delete HOMY, MYRLENE 445 NE 13TH STREET MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	C () Delete BARTHELEMY, ANNEZE 2010 NW 193RD STREET MIAMI, FL 33056	Title: Name: Address: City-St-Zip:	C (X) Change () Addition BROWN, ANNEZE B 2010 NW 193RD STREET MIAMI, FL 33056
	CC () Delete	Title:	CC (X) Change () Addition
Title: Name: Address: City-St-Zip:	FORMUL, DIEUNANE 3722 SW 52ND AVE #202 HOLLYWOOD, FL 33023	Name: Address: City-St-Zip:	FORMUL, DIEUNANE 9987 SW 26 CT MIRAMAR, FL 33025
Name: ∖ddress:	3722 SW 52ND AVE #202	Name: Address:	9987 SW 26 CT
Name: Address: City-St-Zip: Title: Name: Address:	3722 SW 52ND AVE #202 HOLLYWOOD, FL 33023 T () Delete JEAN, MICAELLE 4321 N.E. 13TH AVE	Name: Address: City-St-Zip: Title: Name: Address:	9987 SW 26 CT MIRAMAR, FL 33025 T (X) Change () Addition JEANPIERRE, DARLINE 17941 NW 14TH CT

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: ANNEZE BARTHELEMY-BROWN CHAI 06/20/2007