

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004304

FILED
Jul 20, 2006
Secretary of State

Entity Name: ALLIANCE INTERNATIONALE HUMANITAIRE POUR HAITI, INC.

Current Principal Place of Business:

91 NE 54 ST
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

91 NE 54 ST
MIAMI, FL 33137

New Mailing Address:

FEI Number: 52-2453874 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRUTUS, MONA
91 NE 54 ST
MIAMI, FL 33137 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: PD () Delete
Name: BRUTUS, MONA
Address: 91 NE 54 ST
City-St-Zip: MIAMI, FL 33137

Title: VPD () Delete
Name: BALIN, MARIE CLAUDE R
Address: 1454 AVON LANE APT 721
City-St-Zip: N LAUDERDALE, FL 33068

Title: VPD () Delete
Name: LUCIEN, GARRY
Address: 2613 FLAMINGO DR
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: LESPINASSE, CAROLE
Address: 1520 NE 207 ST
City-St-Zip: MIAMI, FL 33179

Title: SD () Delete
Name: CHERRY, MARGARETH
Address: 153 NE 150 ST
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: CHARLES, JOSSELINE
Address: 670 NE 136 ST
City-St-Zip: MIAMI, FL 33161

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:

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 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: MONA BRUTUS

PD

07/20/2006

Electronic Signature of Signing Officer or Director

Date