

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004304

FILED
May 01, 2009
Secretary of State

Entity Name: ALLIANCE INTERNATIONALE HUMANITAIRE POUR HAITI, INC.

Current Principal Place of Business:

17240 NW 64TH AVENUE
303
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

17240 NW 64TH AVENUE
303
MIAMI, FL 33015

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
17240 NW 64TH AVENUE
303
MIAMI, FL 33015 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: FANFAN, JOSEPH JR, DR
Address: 2707 N. ANDREWS AVENUE
City-St-Zip: WILTON MANORS, FL 33311

Title: VPD () Delete
Name: DELVA, FRANTZ DR
Address: 9715 WEST BROWARD BOULEVARD
City-St-Zip: PLANTATION, FL 33324

Title: VPD () Delete
Name: PROPHETE, PATRICK
Address: 7194 NW 6TH COURT
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: ORESTE, CARL
Address: 66 NE 167TH STREET
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: NAMPHY, JOSEPH
Address: 7153 NW 49TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: TD () Delete
Name: VIEUX, HAROLD
Address: 7194 NW 6TH COURT
City-St-Zip: MIAMI, FL 33159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PROPHETE, PATRICK
Address: 7194 NW 6TH COURT
City-St-Zip: MIAMI, FL 33150

Title: VPD (X) Change () Addition
Name: FAUSTIN, HUBERT
Address: 1245 NW 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CLAUDIUS, MAURAME
Address: 325 SW 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33060

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 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

05/01/2009

Electronic Signature of Signing Officer or Director

Date