2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004758

FILED Sep 06, 2006 Secretary of State

Entity Name: THE HAITIAN ARTS FOUNDATION INC.

	mer menonation deliberation.		
Current P	rincipal Place of Business:	New Principal Place of Business:	
1124 BRO	ADWAY		
SUITE L RIVIERA E	BEACH, FL 33404		
Current Mailing Address:		New Mailing Address:	
1124 BRO	ADWAY		
SUITE L	BEACH, FL 33404		
		Number Not Applicable () Certificate of Status Desired (X	``
In accordan	ice with s. 607.193(2)(b), F.S., the corporation did not rece	ive the prior notice.	.)
Name and	I Address of Current Registered Agent:	Name and Address of New Registered Agent:	
GIBBONS		KERSAINT, ROSE	
1124 BRO SUITE U		165 CYPRESS TRACE ROYAL PALM BEACH, FL 33411 US	
RIVIERA E	BEACH, FL 33404 US		
	e named entity submits this statement for the purpose of Florida.	se of changing its registered office or registered agent, or b	ooth,
SIGNATURE: ROSE KERSAINT		09/06/2006	
	Electronic Signature of Registered Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTOR
Title:	PD () Delete	Title: () Change () Addition	
Name: Address:	MICHEL, SAMUEL 6120 FAIRGREEN RD	Name: Address:	
City-St-Zip:	PALM BEACH, FL 33417	City-St-Zip:	
Title:	VD () Delete	Title: () Change () Addition	
Name: Address:	KERSAINT, ROSE 165 CYPRESS TRACE	Name: Address:	
City-St-Zip:	PALM BEACH, FL 33417	City-St-Zip:	
Title:	SD (X) Delete	Title: () Change () Addition	
Name:	MONTFLSURY, MITCHELL	Name:	
Address: City-St-Zip:	1880 N. CONGRESS AVE - APT 310 WEST PALM BEACH, FL 33401	Address: City-St-Zip:	
Title:	,		
Name:	TD () Delete SIMON, CESAR	Title: () Change () Addition Name:	
Address:	6120 FAIRGREEN RD	Address:	
City-St-Zip:	WEST PALM BEACH, FL 33417	City-St-Zip:	
Title:	D () Delete	Title: () Change () Addition	
Name: Address:	SYLVAIN, SYLVEUS 1659 OAK BERRY CIR	Name: Address:	
City-St-Zip:	WELLINGTON, FL 33414	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: SAMUEL MICHEL CEO 09/06/2006