


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000007455	
1. Entity Name BROWARD HAITIAN COMMUNITY CENTER INC.	

Principal Place of Business 1105 NW 6 AVE FT LAUDERDALE, FL 33311	Mailing Address 1105 NW 6 AVE FT LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



09052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 38-3727851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RC, REV 1105 NW 6 AVE FT LAUDERDALE, FL 33311	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELVA, RONEL 310 SE 2 AVENUE #A6 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DESRAMEAUT, ERMANIE 1471 NW 60TH AVE SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL, MARIE NATHALY 1363 SEAVIEW DRIVE NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AUGUSTIN, ELENA 801 W OAKLAND PARK BLVD C-11 FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LHERISSON, JUDE R 4003 N UNIVERSITY DR APT B210 FT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000773890
09/13/07-80003-020 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Director** 8-02-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #