2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# N05000009062

Entity Name: HAITIAN AMERICAN FAMILY'S ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

P O BOX 600144
N MIAMI BEACH, FL 33160

New Principal Place of Business:

175 NW 116TH ST
N MIAMI BEACH, FL 33168

Current Mailing Address:

P O BOX 600144
N MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 54-2184823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

AIME, OCTAVIUS
175 NW 116TH ST
MIAMI, FL 33168 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: P ( ) Delete
Name: AIME, OCTAVIUS
Address: P O BOX 600144
City-St-Zip: N MIAMI, FL 33162

Title: 1 VP ( ) Delete
Name: ALEXANDRE, KEBREAUS
Address: P O BOX 600144
City-St-Zip: N MIAMI, FL 33162

Title: 2 VP ( ) Delete
Name: JOACHIMRE, KETTLY
Address: P O BOX 600144
City-St-Zip: N MIAMI, FL 33162

Title: S ( ) Delete
Name: JOSEPH, MARIE L
Address: P O BOX 600144
City-St-Zip: N MIAMI, FL 33162

Title: T ( ) Delete
Name: ISRAEL, HENRI C
Address: P O BOX 600144
City-St-Zip: N MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: 1 VP (X) Change ( ) Addition
Name: ALEXANDRE, PIERRE KEBREAU
Address: P O BOX 600144
City-St-Zip: N MIAMI, FL 33162

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 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: ALEXANDRE, PIERRE KEBREAU 1VP 05/12/2008

Electronic Signature of Signing Officer or Director — Date