2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# N05000010108

Entity Name: HAITIAN-AMERICAN CIVIC ASSOCIATION OF SOUTH DADE, INC.

Current Principal Place of Business:

12930 SW 128 STREET
SUITE 102
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12930 SW 128 STREET
SUITE 102
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-3569633 **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:

BARTHOLE, PAUL A
12930 SW 128 STREET
SUITE 102
MIAMI, FL 33186 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: C, P ( ) Delete
Name: BARTHOLE, PAUL A
Address: 12930 SW 128 STREET, SUITE 102
City-St-Zip: MIAMI, FL 33186

Title: VCVP ( ) Delete
Name: LAROCHE, JACQUES R
Address: 12930 SW 128 STREET, SUITE 102
City-St-Zip: MIAMI, FL 33186

Title: DIRT ( ) Delete
Name: ROUZIER, NANCY
Address: 12930 SW 128 STREET, SUITE 102
City-St-Zip: MIAMI, FL 33186

Title: DIPA ( ) Delete
Name: DAVID, JOCELYN
Address: 12930 SW 128 STREET, SUITE 102
City-St-Zip: MIAMI, FL 33186

Title: DIR ( ) Delete
Name: ALEXIS, MARCEL
Address: 12930 SW 128 STREET, SUITE 102
City-St-Zip: MIAMI, FL 33186

Title: DIR ( ) Delete
Name: PRESSA, WILFRID
Address: 12930 SW 128 STREET, SUITE 102
City-St-Zip: MIAMI, FL 33186

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:

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: PAUL A BARTHOLE D 06/05/2006

Electronic Signature of Signing Officer or Director — Date