2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011236

FILED Sep 05, 2006 Secretary of State

Entity Name: THE HAITIAN-AMERICAN PROFESSIONAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

5349 NORTH STATE ROAD 7 TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

529 WEST MELROSE CIRCLE 3854 LYONS RD

FORT LAUDERDALE, FL 33312 203

COCONUT CREEK, FL 33073

FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

BREVIL, JOSE F BREVIL, JOSE F 529 WEST MELROSE CIRCLE 3854 LYONS ROAD

FORT LAUDERDALE, FL 33312 US 203 COCONUT CREEK, FL 33073 US

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: JOSE FRED BREVIL 09/05/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BREVIL, JOSE F BREVIL, JOSE F Name: Name: 529 WEST MELROSE CIRCLE Address: 3854 LYONS ROAD, #203 Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: COCONUT CREEK, FL 33073

Title: () Delete Title: (X) Change () Addition

HARRIGAN, GASTRID Name: HARRIGAN, GASTRID Name:

Address: 6101 NORTH FALLS CIRCLE DRIVE, APT 304 Address: 6101 NORTH FALLS CIRCLE DRIVE, #304

City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: LAUDERHILL, FL 33319

Title: () Delete Title: () Change () Addition

DELICA, ROOSELY Name: Name: 812 NW 24TH STREET Address: Address: City-St-Zip: WILTON MANORS, FL 33311 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: FRAZIL, MARIO Name: Address: 140 NE 128 STREET Address: City-St-Zip: NORTH MIAMI, FL 33161 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: JOSE FRED BREVIL D 09/05/2006