

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012012

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL ORGANIZATION FOR HAITIAN DEVELOPMENT INC.

**Current Principal Place of Business:**

1400 NW 114 ST  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NW 114 ST  
MIAMI, FL 33167

**New Mailing Address:**

**FEI Number:** 20-3628178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIRLANDE DUROSIER  
1811 SW 120 TER  
MIRAMAR, FL 33025 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: D ( ) Delete  
Name: DUROSIER, EDY  
Address: 1400 NW 114 ST  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: JACQUES, DANIEL  
Address: 1400 NW 114 ST  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: AMBROISE, ELIGENE  
Address: 515 NE 141 ST  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: MAJORIE, JACQUES  
Address: 13150 MEMORIAL HWY  
City-St-Zip: N MIAMI, FL 33161

Title: D ( ) Delete  
Name: JEAN, FRANCOIS  
Address: 1400 NW 114 ST  
City-St-Zip: MIAMI, FL 33167

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: FLANKLYN, NORTELUS  
Address: 320 NW 99 ST  
City-St-Zip: MIAMI SHORES, FL 33150

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: EDY DUROSIER

D

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date