


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90094 047 \*\*\*\*70.00

<b>DOCUMENT # N06000003108</b> 1. Entity Name <b>HAITIAN AMERICANS VOTERS UNIFIED OF FLORIDA, INC.</b>			
Principal Place of Business <b>919 14TH STREET NORTH ST PETERSBURG, FL 33705</b>		Mailing Address <b>919 14TH STREET NORTH ST PETERSBURG, FL 33705</b>	
2. Principal Place of Business - No P.O. Box # <b>919 14th Street N</b>		3. Mailing Address <b>P.O. Box 530532</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>St Petersburg, FL</b>		City & State <b>St Petersburg FL</b>	
Zip <b>33705</b>		Zip <b>33747</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4407656</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHARLES, LEONEL E 2812 47TH AVE SOUTH ST PETERSBURG, FL 33712</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CHARLES, LEONEL E</b> <b>2812 47TH AVE SOUTH</b> <b>ST PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CONFIDENT, LUDNER</b> <b>5947 BAYVIEW CIRCLE SOUTH</b> <b>GULF PORT, FL 33707</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROGERS, YANIE</b> <b>2709 SKIMMER POINT WAY SOUTH</b> <b>GULF PORT, FL 33707</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DESIR, NADEGE</b> <b>3620 4TH AVE SOUTH</b> <b>ST PETERSBURG, FL 33711</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>05/01/07</b> (127)424-6745 <small>Daytime Phone #</small>	