

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010683

FILED
Aug 12, 2008
Secretary of State

Entity Name: GLOBAL HAITIAN NETWORK, INC.

Current Principal Place of Business:

17510 NE 8TH PLACE
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

17510 NE 8TH PLACE
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 37-1531154 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:

Name and Address of New Registered Agent:

AYS FINANCIAL SERVICES, INC.
474 NE 125TH STREET
NORTH MIAMI, FL 33161 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, WESLYNE
Address: 17510 NE 8TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VP () Delete
Name: PIERRE, PETERSON
Address: 17510 NE 8TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: TREA () Delete
Name: DUBUISSON, MICHEL
Address: 17510 NE 8TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: ENET () Delete
Name: PETIT, PHANEL
Address: 17510 NE 8TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: SEC () Delete
Name: LA FORTUNE, JEANNETTE
Address: 17510 NE 8TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: ADV () Delete
Name: ST JULIEN, RUOLTZ
Address: 17510 NE 8TH PLACE
City-St-Zip: NORTH MAMI BEACH, FL 33162

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 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: LEWIS, WESLINE

MRS

08/12/2008

Electronic Signature of Signing Officer or Director

Date