2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000001263

1. Entity Name
HAITIEN RESCUE MISSION, CORP.
HAITIAN AMERICAN RESCUE MISSION INC

FILED
08 SEP -4 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1290 NW 60TH STREET MIAMI GARDENS, FL 33142	1290 NW 60TH STREET MIAMI GARDENS, FL 33142

02152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	1290 NW 60 st Suite, Apt. #, etc.
City & State	City & State: MIAMI, FLORIDA
Zip / Country	Zip: 33142 / Country: USA

4. FEI Number: 20-8351404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORADIN, ELIE 1290 NW 60TH STREET MIAMI GARDENS, FL 33142	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete FLORADIN, ELIE 1290 NW 60TH STREET MIAMI GARDENS, FL 33142	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $8/4
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOB TOUSSAINT ☐ Delete<~~VILCENT, MARLEM~~ 260 Wrena 1290 NW 60TH STREET West Palm Beach MIAMI GARDENS, FL 33142 FL 33409	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400133961364 09/03/08--01010--008 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ERNST EUSTACHE ☐ Delete<~~POSTIN, JESUE~~ 1374 NW 65 TER 1290 NW 60TH STREET MIAMI, FL 33147 MIAMI GARDENS, FL 33142	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABRAHAM RAYMOND ☐ Delete<~~FLORADIN, GODSEND~~ 628 32nd Street 1290 NW 60TH STREET West Palm Beach MIAMI GARDENS, FL 33142 FL. 33407	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400133961364 08/14/08--01030--025 **52.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EIDA TOUSSAINT ☐ Delete 953 NE 37th AV ~~Miami~~ Homestead FL. 33033	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Elie Floradin 7-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #