2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N07000009061

Entity Name: HAITIAN INSTITUTE FOR POLICY AND INTERNATIONAL STUDIES, INC.

Current Principal Place of Business:

6481 NW 24TH PLACE
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6481 NW 24TH PLACE
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 80-0212261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN-LOUIS, NAHUM
6481 NW 24TH PLACE
SUNRISE, FL 33313 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:	ED	( ) Delete
Name:	JEAN-LOUIS, NAHUM	
Address:	6481 NW 24TH PLACE	
City-St-Zip:	SUNRISE, FL 33313	
Title:	MD	( ) Delete
Name:	JOSEPH, CATHERINE	
Address:	270 NW 96 ST	
City-St-Zip:	MIAMI, FL 33150	
Title:	IAD	( ) Delete
Name:	ANGRAND, SERGE	
Address:	25580 SW 137 AVE APT 204	
City-St-Zip:	HOMESTEAD, FL 33032	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
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:	NA	( ) Change (X) Addition
Name:	NA, NA	
Address:	6481 NW 24TH PL	
City-St-Zip:	SUNRISE, FL 33313	
Title:	NA	( ) Change (X) Addition
Name:	NA, NA	
Address:	6481 NW 24TH PL	
City-St-Zip:	SUNRISE, FL 33313	
Title:	NA	( ) Change (X) Addition
Name:	NA, NA	
Address:	6481 NW 24TH PL	
City-St-Zip:	SUNRISE, FL 33313	

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: NAHUM JEAN-LOUIS ED 03/11/2009

Electronic Signature of Signing Officer or Director — Date