2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# N07000011430

Entity Name: RESEAU HAITI, INC

Current Principal Place of Business:

LE CENTRE INTERNATIONAL DE LAFAYETTE
735 JEFFERSON STREET
LAFAYETTE, LA 70501

New Principal Place of Business:

Current Mailing Address:

854 MARINA DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

CASTOR, ALDY
854 MARINA DRIVE
WESTON, FL 33327 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: P ( ) Delete
Name: JOSSELIN, CHARLES
Address: 15 RUE DE VAUGIRARD
City-St-Zip: PARIS CEDEX, 06 75291 FR

Title: TREA ( ) Delete
Name: GUSTIN, PHILIPPE
Address: 735 JEFFERSON STREET
City-St-Zip: LAFAYETTE, LA 70501 US

Title: SECR ( ) Delete
Name: BARTOLI, JACQUES
Address: DEUXIèME RUELLE WILSON PACOT
City-St-Zip: PORT-AU-PRINCE, HA 00000 HA

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:

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: ALDY CASTOR OFFI 05/03/2009
Electronic Signature of Signing Officer or Director — Date