

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001502

FILED  
May 16, 2010  
Secretary of State

**Entity Name:** FEDERATION OF HAITIAN-AMERICAN CYCLISTE, CORP.

**Current Principal Place of Business:**

7619 CORAL BLVD  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

7619 CORAL BLVD  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**  
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:**

CHARLOTIN, MAX  
204 NW 65 ST  
MIAMI, FL 33138    US

**Name and Address of New Registered Agent:**

CHARLOTIN, SADEL  
204 NW 65 ST  
MIAMI, FL 33138    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: SADEL CHARLOTIN

05/16/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHARLOTIN, SADEL  
Address: 7619 CORAL BLVD  
City-St-Zip: MIRAMAR, FL 33023

Title: VP  
Name: CHARLOTIN, HERLA  
Address: 204 NW 65 ST  
City-St-Zip: MIAMI, FL 33138

Title: S  
Name: PIERRE, SANDERS  
Address: 1240 NW 117 ST  
City-St-Zip: MIAMI, FL 33168

Title: T  
Name: PIERRE, SAUNDER'S  
Address: 12445 NW 20 AVE  
City-St-Zip: MIAMI, FL 33168

Title: C  
Name: CASSEUS, GARRY COORDIN  
Address: 7619 CORAL BLVD  
City-St-Zip: MIRAMAR, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: SADEL CHARLOTIN

P

05/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date