


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19634**  
 1. Entity Name  
**LITTLE HAITI HOUSING ASSOCIATION, INC.**



Principal Place of Business 181 N.E. 82ND ST. MIAMI, FL 33138 US	Mailing Address 181 N.E. 82ND ST. MIAMI, FL 33138 US
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06232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2801211	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DILLER, SAMUEL F  
 181 NE 82ND STREET  
 MIAMI, FL 33138

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERNANDEZ, EMILIO 181 NE 82ND STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONTES, ALIX 181 NE 82ND STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BELCHER, NATHANIEL Q 181 NE 82ND ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DILLER, SAMUEL F 181 N.E. 82ND ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHERY, NADINE 181 NE 82ND ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 06/28/04-80001-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **SAMUEL DILLER** 6/28/04 305.757.2542  
 EXEC. DIR. Date Daytime Phone #