

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 17 AM 8:16

DOCUMENT # N31367

1. Entity Name
CENTER FOR HAITIAN STUDIES, INC.



Principal Place of Business
8260 N.E. 2ND AVE
MIAMI, FL 33138-3815 US

Mailing Address
8260 N.E. 2ND AVE
MIAMI, FL 33138-3815 US



01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0136723 ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERRE, LAURINUS
7738 EMBASSY BLVD
MIRAMAR, FL 33023

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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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

000064583118
1/26/06--01058--006 **75.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE, LAURINUS 7738 EMBASSY BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARMEUS, JACOB 6151 MIRAMAR PARKWAY, #218 MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, PRINCE 1425 N.W. 10TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAGE, J. BRYAN 12401 S.W. 84TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: LAURINUS PIERRE, M.D., M.P.H., EXEC. DIRECTOR 01/10/2006 305-757-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/18/06