2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33543

FILED Apr 28, 2005 Secretary of State

Entity Name: HAITIAN-AMERICAN ASSOCIATION OF ENGINEERS AND SCIENTISTS, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 693072 MIAMI, FL 332699998 **Current Mailing Address: New Mailing Address:** PO BOX 693072 MIAMI, FL 332699998 FEI Number: 65-0198172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVID, JOCELYN 6420 SW 128TH CT., UNIT 103 MIAMI, FL 33183 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DAVID, JOCELYN DAVID, JOCELYN Name: Name: 6420 SW 138TH COURT, UNIT #103 Address: 6420 SW 138TH COURT, UNIT #103 Address: City-St-Zip: MIAMI, FL 33183 US City-St-Zip: MIAMI, FL 33183 US Title: DVC Title: DC (X) Change () Addition () Delete LEVEILLE, MARC A Name: LEVEILLE, MARC A Name: Address: 116 40 SW 92 ST Address: 116 40 SW 92 ST City-St-Zip: MIAMI, FL 33176 US City-St-Zip: MIAMI, FL 33176 US Title: DS () Delete Title: () Change () Addition BLOT, CHARLES Name: Name: Address: 14810 TETHERCLIFT STREET Address: City-St-Zip: PEMBROKE PINES, FL 33331 US City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: MASSAC, MAX E P.E. Name: 17501 NW 49 AVE Address: Address: City-St-Zip: MIAMI, FL 33055 US City-St-Zip: Title: () Delete Title: DVC (X) Change () Addition CASTOR, SEVIGNE CASTOR, SEVIGNE Name: Name: 10353 SW 9TH LANE 10353 SW 9TH LANE Address: Address: PEMBROKE PINES, FL 33025 US City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33025 US Title: () Delete Title: () Change () Addition BOSQUET, JEAN L Name: Name: Address: 2040 FOREST GATE DRIVE W. Address: JACKSONVILLE, FL 32246 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAX E. MASSAC DT 04/28/2005