


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N36722 1. Entity Name HAITIAN AMERICAN FOUNDATION, INC.	
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Principal Place of Business 5080 BISCAYNE BLVD MIAMI, FL 33137 US	Mailing Address 5080 BISCAYNE BLVD MIAMI, FL 33137 US
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03262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0187599	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAYARD, RINGO 6660 BISCAYNE BLVD. MIAMI, FL 33138
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	D DWYER, OVRIL 5580 NE 2ND CT #2 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENATUS, PIERRE C 6660 BISCAYNE BLVD. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABOSSIERE JULES 8340 NE 2ND AVE. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEDEON, JEAN-ROBERT 20860 SAN SIMEON WAY N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FANFAN, BERNARD 170 NE 96TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENOL, RALPH 9337 NW 2ND CT MIAMI SHORES, FL 33150

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U00000725306
05/03/07-80017-015 61.25

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 **305-758-3338**
Date Daytime Phone #