2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N45754

1. Entity Name
SOCIETY FOR HAITIAN ADVANCEMENT, RECOGNITION AND EDUCATION INC.

Principal Place of Business	Mailing Address
5000 BISCAYNE BLVD., STE. 200 MIAMI, FL 33137 US	16951 NE 4TH AVENUE MIAMI, FL 33162

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08272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0339714
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGES, JONAS
102 N.W. 109TH STREET
MIAMI, FL 33168

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

U00000171080
08/30/04-80002-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAZIN, FRITZ
STREET ADDRESS	6744 N MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	ANTONINE, NOULENE
STREET ADDRESS	20741 NE 4TH COURT
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	CASSEUS, FRANTZ
STREET ADDRESS	6410 NE 2ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	GEORGES, GELINA
STREET ADDRESS	102 NW 109TH STREET
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Jonas Georges 8/27/04 305 528.9338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #