

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002394

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE ASSOCIATION OF HAITIAN EDUCATORS OF DADE, INC.

Current Principal Place of Business:

15966 S.W. 14 STREET
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

15966 S.W. 14 STREET
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-0512234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERTRAND, JEAN-ROBERT
15966 S.W. 14 STREET
PEMBROKE, FL 33027 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BAUTISTA, JOEY
Address: 700 NE 164 STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: VP () Delete
Name: RIDORE, BENEUS
Address: 19340 NW 4 AVE.
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: ANTOINE, WIDLYNE
Address: 6621 COCONUT DR.
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: BERTRAND, JEAN-ROBERT
Address: 15966 S.W. 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERTRAND, JEAN-ROBERT
Address: 15966 S.W. 14 STREET
City-St-Zip: PEMBROKE, FL 33027

Title: VP (X) Change () Addition
Name: CASIMIR, FLEMENS
Address: 281 NE 168 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: S (X) Change () Addition
Name: GILLES, MICHELE
Address: 816 NE 214 LANE
City-St-Zip: MIAMI, FL 33179

Title: T (X) Change () Addition
Name: LOUIS, RACHEL
Address: 1450 NW 35 STREET
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FABRICE LAGUERRE

FL

04/15/2009

Electronic Signature of Signing Officer or Director

Date