

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004935

**FILED**  
**Feb 20, 2004**  
**Secretary of State****Entity Name:** UNITED HAITIANS ASSOCIATION OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**2250 FOWLER STREET  
FORT MYERS, FL 33901 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 656  
FORT MYERS, FL 33902 US**New Mailing Address:****FEI Number:** 65-0535712**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MENAGER, EMMANUEL B.  
629 SW 21ST TERRACE  
CAPE CORAL, FL 33991 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:** PD ( ) Delete  
**Name:** MENAGER, EMMANUEL B.,  
**Address:** 629 SW 21ST TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33991**Title:** VPSD ( ) Delete  
**Name:** YVES BENOIT,  
**Address:** 11151 LAKE LAND CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33913**Title:** TD ( ) Delete  
**Name:** BEAUBRUN, MARIE  
**Address:** 4322 PALM TREE BLVD  
**City-St-Zip:** CAPE CORAL, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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: EMMANUEL B MENAGER

PD

02/20/2004

Electronic Signature of Signing Officer or Director

Date