

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90188 007 ****70.00

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1. Entity Name
**HAITIAN-AMERICAN CENTER FOR ECONOMIC AND
PUBLIC AFFAIRS (HACEPA), INC.**



Principal Place of Business
**8325 NE 2ND AVENUE
205
MIAMI, FL 33138**

Mailing Address
**8325 NE 2ND AVENUE
205
MIAMI, FL 33138**

50048511



2. Principal Place of Business

3. Mailing Address

P.O. Box 380327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-NP

CR2E037 (10/03)

City & State

City & State

Miami Florida

4. FEI Number

65-0672400

Applied For

Not Applicable

Zip

Country

Zip

Country

33238

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTAVE, JEAN-CLAUDE P
1970 N.W. 180TH ST.
MIAMI, FL 33056**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **PHILOGENE, MARIE E**
STREET ADDRESS **12620 NW 12TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI, FL 33168**

TITLE **D** ☐ Change ☒ Addition
NAME **Louis, Berthony**
STREET ADDRESS **586 NW 108th Street**
CITY-ST-ZIP **Miami Florida 33150**

TITLE **DP** ☐ Delete
NAME **JEAN-LOUIS, ROLAND DR.**
STREET ADDRESS **13785 NW 5TH AVE**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DESTINE, JEAN-CLAUDE**
STREET ADDRESS **345 NW 101ST ST**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **MONDESIR, LEON T**
STREET ADDRESS **580 NE 133RD ST**
CITY-ST-ZIP **NORTH MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MIRVILLE, ERNST**
STREET ADDRESS **12320 NE 6TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NARCHET, FLAYEL**
STREET ADDRESS **7624 N.E. 2ND AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2005 (305) 759-4795

Date

Daytime Phone #