

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 8:00 am
Secretary of State

06-19-2007 90001 044 ****61.25

DOCUMENT # N95000000156

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
**P.O. BOX 380327
MIAMI, FL 33238**

40121107



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05262007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0672400

Applied For
Not Applicable

Zip

Country

Zip

Country

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 September 14, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Jolibois, Jr, Sylvan Dr.
6321 SW 63th Terrace
Miami Florida 33143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARMAND, FRITZ
1805 NW 175TH ST
MIAMI GARDENS, FL 33056** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Mathurin, Eric
12490 NE 7th Avenue #219
North Miami Florida 33161** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Louis, Berthony
8324 N Nebraska Avenue
Tampa Florida 33682** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MONDESIR, LEON T
90 NE 54TH STREET
MIAMI, FL 33137** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Mondesir, Leon T
90 NE 54th Street
Miami Florida 33137** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIRVILLE, ERNST
8325 NE 2ND AVE SUITE 205
MIAMI, FL 33138** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Hortance, Gina
18751 W. Dixie Hwy #106
Aventura Florida 33180** ☐ Change ☒ Addition

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

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

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: *JEAN-CLAUDE DESTINE* JEAN-CLAUDE DESTINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-2007 305-759-4795

Date

Daytime Phone #