

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004734

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE HAITIAN HEALTH AND EDUCATION FOUNDATION (FONDATION HAITIENNE DE LA SANTE ET DE L'EDUCATION--FHASE), INC.

Current Principal Place of Business:

2320 NW 102ND PL
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2320 NW 102ND PL
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0627901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARCHAT, STEVEN M CPA
848 BRICKELL AVE
SUITE 400
MIAMI, FL 33131 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: D () Delete
Name: BAKER, RAYMOND
Address: 2320 NW 102ND PL
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: CELCIS, GEORGES
Address: 2320 NW 102ND PL
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: ACRA, MAURICE
Address: 2320 NW 102ND PL
City-St-Zip: MIAMI, FL 33172

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 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: MAURICE ACRA

D

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date