

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004734

FILED  
May 06, 2010  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHARCHAT, STEVEN M CPA  
848 BRICKELL AVE  
SUITE 400  
MIAMI, FL 33131 US

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  
**Name:** CELCIS, GEORGES  
**Address:** 2320 NW 102ND PL  
**City-St-Zip:** MIAMI, FL 33172

**Title:** VP  
**Name:** HUDICOURT, EDITH  
**Address:** 2320 NW 102ND PL  
**City-St-Zip:** MIAMI, FL 33172

**Title:** T  
**Name:** ACRA, MAURICE  
**Address:** 2320 NW 102ND PL  
**City-St-Zip:** MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: PASCALE JACQUES

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05/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date