

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004981

FILED
May 06, 2008
Secretary of State

Entity Name: HAITIAN AMERICAN YOUTH OF TOMORROW, INC.

Current Principal Place of Business:

1348 N.E. 147TH STREET
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1348 N.E. 147TH STREET
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0619104 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:

PAUL, CARLINE
1348 N.E. 147TH STREET
MIAMI, FL 33161 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: CP () Delete
Name: PRUDENT, LESLY
Address: 800 N.E. 137 STREET
City-St-Zip: MIAMI, FL 33161

Title: S () Delete
Name: JULIEN, JULIE
Address: P.O. BOX 601171
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP () Delete
Name: AIME, MIKE
Address: 800 N.E. 137 STREET
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: JULIEN, JOHN
Address: P.O. BOX 601171
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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:

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: CARLINE M. PAUL

Electronic Signature of Signing Officer or Director

RA

05/06/2008

Date