## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004981

FILED Sep 04, 2009 Secretary of State

Entity Name: HAITIAN AMERICAN YOUTH OF TOMORROW, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1348 N.E. 147TH STREET MIAMI, FL 33161 **Current Mailing Address: New Mailing Address:** 1348 N.E. 147TH STREET MIAMI, FL 33161 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: Name and Address of New Registered Agent: PAUL, CARLINE 1348 N.E. 147TH STREET MIAMI, FL 33161 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete PRUDENT, LESLY PRUDENT, LESLY Name: Name: Address: 800 N.E. 137 STREET Address: 18001 NW 42 COURT City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI GARDENS, FL 33055 Title: Title: (X) Change ( ) Addition () Delete Name: JULIEN, JULIE Name: BASSETTE, MARC Address: P.O. BOX 601171 Address: 8080 PALM GATE DRIVE City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: BOYNTON BEACH, FL 33436 Title: () Delete Title: (X) Change ( ) Addition AIME, MIKE Name: SUAREZ, MILAGROS Name: 800 N.E. 137 STREET 1726 NW 36 STREET Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33142 Title: ( ) Delete Title: (X) Change ( ) Addition Name: JULIEN, JOHN Name: AZOR, ANGELA P.O. BOX 601171 3301 SPANISH MOSS HILL TERRACE APT 215 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: LAUDERHILL, FL 33319 Title: () Delete Title: ( ) Change (X) Addition CLERMOND, EDELINE Name: Name: 10365 SW 111 STREET Address: Address: MIAMI, FL 33176 City-St-Zip: 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 PAUL RA 09/04/2009