

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90084 050 ****70.00

DOCUMENT # N97000002698

1. Entity Name
HAITIAN AMERICAN ASSOCIATION AGAINST CANCER, INC.



Principal Place of Business
**225 NE 34TH ST
STE 208
MIAMI, FL 33137 US**

Mailing Address
**225 NE 34TH ST
STE 208
MIAMI, FL 33137 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012005

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0761586

Applied For

Not Applicable

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

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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 7, 2005**

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
**PTD
CALIXTE, JACQUES A
225 NE 34TH ST STE 208
MIAMI, FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Dr. Jean Phillipe Austin
3840 La Playa Boulevard
Miami, FL 33133** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DESROULEAUX, JEAN
12600 SW 189TH STREET
MIAMI, FL 33177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Karen Mock
133 NW 47th Terrace
Miami, FL 33127** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENIZE-AUGUSTE, PASCALE
8911 SW 57TH STREET
COOPER CITY, FL 33328** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Rachel Denis
6751 SW 88th Street, # A-102
Miami, FL 33156** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVEILLARD, PATRICK
19325 NW 2ND AVENUE
MIAMI, FL 33169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Gina D. Montpeirous
14382 SW 96th Lane
Miami, FL 33186** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Mr. Raul Armand
11934 SW 79th Terrace
Miami, FL 33183** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Yvonne Edwards
1320 NW 62nd Street
Miami, FL 33147** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Mr. Eddy Altine
9018 SW 150th Avenue
Miami, FL 33196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jacqueline Munroe
8821 Sheraton Drive
Miramar, FL 33025** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2005 305-572-1825

Date

Daytime Phone #