

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002698

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** HAITIAN AMERICAN ASSOCIATION AGAINST CANCER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0761586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: 2TD ( ) Delete  
Name: CALIXTE, JACQUES A  
Address: 225 NE 34TH ST STE 208  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: AUSTIN, JEAN PHILLIPE DR  
Address: 3840 LA PLAYA BLVD  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: MOCK, KAREN  
Address: 133 NW 47TH TERR  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: EVEILLARD, PATRICK  
Address: 19325 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: DENIS, RACHEL  
Address: 6751 SW 88TH ST #A-102  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: MONTPEIROUS, GINA D  
Address: 14382 SW 96TH LANE  
City-St-Zip: MIAMI, FL 33186

**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:

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 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: JACQUES CALIXTE

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date