

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002698

FILED
Apr 22, 2008
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)**

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

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

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

Title: D (X) 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:

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: JACQUES A CALIXTE

2TD

04/22/2008

Electronic Signature of Signing Officer or Director

Date