

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # N98000002684

1. Entity Name

THE HAITIAN AMERICAN CULTURAL GROUP,  
INCORPORATED



Principal Place of Business

12057 SW 15TH STREET  
PEMBROKE PINES FL 33025

Mailing Address

P.O BOX 260254  
PEMBROKE PINES FL 33026

2. Principal Place of Business

*Same Above*

3. Mailing Address

*Same Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0844150

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELLABE, MARIE T B ~~Beatrice~~  
12057 SW 15TH ST  
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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 *Marie T. Beatrice Bellabe.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

*4/30/06*

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLABE, MARIE T B		NAME	
STREET ADDRESS	10405 NW 7TH STREET		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRLANDE, COLE		NAME	
STREET ADDRESS	731 NE 161 ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTILLUS, GERALD		NAME	
STREET ADDRESS	15855 N.W. 10TH STREET		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, IRLANDA		NAME	
STREET ADDRESS	731 N.E. 161ST STREET		STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Marie T. Beatrice Bellabe.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/06*

Date  
Daytime Phone #

**FILED  
May 15, 2006 8:00 am  
Secretary of State**

05-15-2006 90042 011 \*\*\*\*61.25