2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90179 010 ****61.25

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1. Entity Name
THE HAITIAN AMERICAN CULTURAL GROUP, INCORPORATED

Principal Place of Business	Mailing Address
12057 SW 15TH STREET PEMBROKE PINES, FL 33025	P.O.BOX 260254 PEMBROKE PINES, FL 33026

02172007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0844150
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELLABE, MARIE T B
STREET ADDRESS	10405 NW 7TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	DT
NAME	IRLANDE, COLE
STREET ADDRESS	731 NE 161 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D
NAME	MONTILLUS, GERALD
STREET ADDRESS	15855 N.W. 10TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	CHERRY, REBECCA
STREET ADDRESS	UNIVERSITY PKWY 35/22
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Therese Bentrit Bellabe 04/17/07 (954) 243-0335 392-1911
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #