2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003312

FILED Jan 20, 2006 8:00 am Secretary of State

01-20-2006 90033 032 ****61.25

HAITÍ MÍS		INC.										
Principal Place of Business Mailing Address POST OFFICE BOX 6471 POST OFFICE BOX 6471 ORLANDO, FL 32853 ORLANDO, FL 32853					1				III SENJ PEJEN	ill où ir ù k ù r (2)181 AL 18AI	
Principal Place of Business Mailing Address												
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			01132006	Chg-NP	CR2E	037 (11/05)		
City & State			Cit	City & State				4. FEI Number Applied For 59-3536008 Not Applicable				
Zip		Country	Zip	•	Cou	untry	5. Certificate of	of Status Desired		\$8.75 Ad Fee Require		
	6. Name	and Address of Curr	ent Registere	d Agent			7. Name and	Address of New i	Registered	Agent		
JOHNSON, ROBERT 3190 HIGHWAY 17-92						Name Street Address (P.O. Box Number is Not Acceptable)						
CASSELB	ERRY, FL	. 32707							·			
:						City			FI	L Zip Coo	je	
	named entit	y submits this statementered agent		ose of changing its	register	ed office or regis	stered agent, or both	n, in the State of Fl	lorida. 1 an	n familiar with	, and accept	
		•										
SIGNATURE:	Signature, typed	d or printed name of registered a	agent and title if app	nicable. (NOTI	E: Registere	d Agent signature requ	uired when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contrib								\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
;												
10.			DIRECTORS				Added to Fees		rida Depa	artment of S	itate	
		May 1, 2006	DIRECTORS		Contribut	ion. 🗆	Added to Fees	Flo	rida Depa	artment of S	itate	
10. TITLE NAME	PD SCHOOL	OFFICERS AND) DIRECTORS	Trust Fund (11.	E E	Added to Fees	Flo	rida Depa	IRECTORS IN	N 10	
10. TITLE NAME STREET ADDRESS	PD SCHOOL PO BOX	OFFICERS AND CRAFT, E. BLAINE	DIRECTORS	Trust Fund (11. ,TITU NAM STRE	E EET ADDRESS	Added to Fees	Flo	rida Depa	IRECTORS IN	N 10	
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOOL PO BOX: WAVERL	OFFICERS AND	DIRECTORS	Trust Fund C	11. ,TITU NAM STRE	E LEET ADDRESSST-ZIP	Added to Fees	Flo	rida Depa	DIRECTORS IN Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SCHOOL PO BOX S WAVERL	OFFICERS AND OFFICERS AND CRAFT, E. BLAINE 5 Y, KS 66871	D DIRECTORS	Trust Fund (11. ,TITU NAM STRE	E LEE LEET ADDRESS (*-ST-ZIP)	Added to Fees	Flo	rida Depa	IRECTORS IN	N 10	
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOOL PO BOX: WAVERL D YOUNG,	OFFICERS AND OFFICERS AND CRAFT, E. BLAINE 5 Y, KS 66871		Trust Fund C	11. ,TITU NAM STRE CITY	E LEE LEET ADDRESS (*-ST-ZIP)	Added to Fees	Flo	rida Depa	DIRECTORS IN Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHOOL PO BOX: WAVERL D YOUNG, 377 SAN	OFFICERS AND CRAFT, E. BLAINE 5 Y, KS 66871	0	Trust Fund C	11. ,TITU NAM STRE CITY TITU NAM STRE	E LEET ADDRESS 1 -ST-ZIP E E	Added to Fees	Flo	rida Depa	DIRECTORS IN Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SCHOOL PO BOX S WAVERL D YOUNG, 377 SAN ALTAMOID	OFFICERS AND OFFICERS AND CRAFT, E. BLAINE 5 Y, KS 66871 DON SEBASTIAN PRADI	0	Trust Fund C	11. ,TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	E LEE LEET ADDRESS (-ST-ZIP LEET ADDRESS (-S	Added to Fees	Flo	rida Depa	DIRECTORS IN Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHOOL PO BOX S WAVERL D YOUNG, 377 SAN ALTAMOID WALKER	OFFICERS AND OFFICERS AND CRAFT, E. BLAINE 5 Y, KS 66871 DON SEBASTIAN PRADO NTE SPRINGS, FL	0	Trust Fund C	11. ,IIIII NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM	E LE	Added to Fees	Flo	rida Depa	intrinent of S DIRECTORS in Change Change	N 10 Addition	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR 177-06 9134/06259

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