2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006664

FILED Apr 30, 2008 Secretary of State

Entity Name: HAITIAN AMERICAN GRASSROOTS COALITION, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
4584 N.E. : MIAMI, FL	2 AVENUE 33137 US				
Current Mailing Address:			New Mailing	New Mailing Address:	
P.O. BOX 3 MIAMI, FL					
FEI Number:	65-0937003	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and A	Address of New Registered Agent:	
LAFORTUNE, JEAN-ROBERT 2661 S.W. 154 PL MIAMI, FL 33185 US			13235 N.W 2	LAFORTUNE, JEAN-ROBERT R 13235 N.W 2 AVENUE MIAMI, FL 33168 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its	registered office or registered agent, or both,	
SIGNATUF	RE: JEAN-RO	BERT LAFORTUNE		04/30/2008	
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS	6/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD (WILLIAM, GEO 4584 NE 2 AVE MIAMI, FL 331	NUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (CANTAVE, WIN 1701 NW 167 S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (GAUDIN, LAVA 28 N.E. 54 ST MIAMI, FL 331		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD (TONDREAU, LU 9822 NE 2 AVE MIAMI, FL 331	i .	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (BASTIEN, MAR 8325 NE 2 AVE MIAMI, FL 331	i .	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD (LAFORTUNE, 2 2661 SW 154 I MIAMI, FL 331	PL	Name: Address:	PD (X) Change () Addition LAFORTUNE, JEAN R 13235 N.W 2 AVENUE MIAMI, FL 33168	

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: JEAN-ROBERT LAFORTUNE PD 04/30/2008