2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002753

FILED Apr 28, 2006 Secretary of State

Entity Name: GREATER OF MIAMI HAITIAN AND AMERICAN FEDERATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4141 NO. MIAMI AVE., STE. 302 4141 N. MIAMI AVE. MIAMI, FL 33127

STE.302 MIAMI, FL 33127 US

Current Mailing Address: New Mailing Address:

P.O. BOX 370476 P.O. BOX 370476

MIAMI, FL 331370476 MIAMI, FL 33137 US

FEI Number: 65-0920654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ALEXIS, HERLY ALEXIS, HERLY 4141 NO. MIAMI AVE., STE. 302 4141 N. MIAMI AVE.

MIAMI, FL 33127 STE.302 MIAMI, FL 33127 US

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: 04/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ALEXIS, HERLY ALEXIS, HERLY Name: Name:

430 N.E. 63RD. STREET Address: 13155 IXORA CT. (APT. 208) Address:

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33181 US

Title: (X) Delete Title: () Change () Addition

Name: VERNERET, JEAN DAVID Name: Address: 430 N.E. 63RD, STREET Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

PIERRE, MAX JEFFERSON Name: Name: 817 N.E. 125TH ST. Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: HERARD, GERALD Name: Address: 840 N.W. 118TH ST. Address: City-St-Zip: MIAMI, FL 66168 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

DESIRE, JEAN CLAUDE Name: Name: 840 N.W. 118TH ST. Address: Address: MIAMI, FL 66168 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HERLY ALEXIS TP 04/28/2006