2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jul 23, 2008 8:00 am Secretary of State 07-23-2008 90016 033 ****66.25 DOCUMENT # N99000002753 1. Entity Name GREATER OF MIAMI HAITIAN AND AMERICAN FEDERATION, INC. Principal Place of Business Mailing Address 4141 N. MIAMI AVE. P.O. BOX 370476 MIAMI, FL 33137 STE.302 US MIAMI, FL 33127 US CR2E037 (4/06) 07172008 No Chq-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0920654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALEXIS, HERLY DO NOT WRITE 4141 N. MIAMI AVE. STE.302 IN THIS SPACE MIAMI, FL 33127 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS 10. TP TITLE NAME ALEXIS, HERLY STREET ADORESS 13155 IXORA CT. (APT. 208) CITY-ST-ZIP MIAMI, FL 33181 NAME STREET ADDRESS CITY-ST-7IP tmr NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

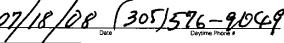
12. I hereby certify that the information supplied with this right does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report by the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee end by being the contained by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with any address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED