
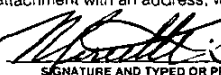


FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 015 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005347					
1. Entity Name HAITIAN AMERICAN YOUTH ORGANIZATION, INC.					
Principal Place of Business 6420 SW 138 CT, UNIT 103 MIAMI, FL 33183			Mailing Address 6420 SW 138 CT, UNIT 103 MIAMI, FL 33183		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0991919	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SYLVAIN-DAVID, MIREILLE 6420 SW 138 CT, UNIT 103 MIAMI, FL 33183			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SYLVAIN-DAVID, MIREILLE 6420 S.W. 138TH CT. 103 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Guilbaud, Pantaleon 6420 SW 138th Ct. Unit 103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BOISSON, LUC <input checked="" type="checkbox"/> Delete 6420 SW 138TH CT UNIT 103 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Associate Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Denis, Danielle 6420 SW 138th Ct. Unit 103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSFT <input type="checkbox"/> Delete SANSOM, MARGUERITE 6420 SW 138TH CT UNIT 103 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Salnave, Daniel 6420 SW 138th Ct. Unit 103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD DENIS, DANIELLE <input checked="" type="checkbox"/> Delete 6420 SW 138TH CT UNIT 103 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EESD <input type="checkbox"/> Delete DAVID, JOCELYN 6420 SW 138TH CT UNIT 103 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD PIERRE, FABIENNE D <input checked="" type="checkbox"/> Delete 6420 SW 138TH CT UNIT 103 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OR DIRECTOR		Date 3-16-05 Daytime Phone #	