

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90002 014 ****61.25

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**

50021237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222006

Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0991919

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GUILBAUD, PANTALEON
6420 SW 138TH CT, UNIT 103
MIAMI, FL 33183** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Advisor
Guilbaud, Pantaleon
6420 SW 138th Ct. Unit 103
Miami, FL 33183** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SSFT
SANSOM, MARGUERITE
6420 SW 138TH CT UNIT 103
MIAMI, FL 33183** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer, a.i.
Samson, Marguerite
6420SW 138th Ct. Unit 103
Miami, FL 33183** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AD
DENIS, DANIELLE
6420 SW 138TH CT UNIT 103
MIAMI, FL 33183** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EESD
DAVID, JOCELYN
6420 SW 138TH CT UNIT 103
MIAMI, FL 33183** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SALNAVE, DANIEL
6420 SW 138TH CT UNIT 103
MIAMI, FL 33183** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 OR DIRECTOR

5-22-06 305-348-2186

Date

Daytime Phone #