

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005347

FILED
Feb 29, 2008
Secretary of State

Entity Name: HAITIAN AMERICAN YOUTH ORGANIZATION, INC.

Current Principal Place of Business:

10840 SW 121 STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10840 SW 121 STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0991919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYLVAIN-DAVID, MIREILLE
10840 SW 121 STRET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: SYLVAIN-DAVID, MIREILLE
Address: 10840 SW 138TH CT.
City-St-Zip: MIAMI, FL 33176

Title: A () Delete
Name: GUILBAUD, PANTALEON
Address: 10840 SW 138TH CT.
City-St-Zip: MIAMI, FL 33183

Title: SSFT () Delete
Name: SANSOM, MARGUERITE
Address: 6420 SW 138TH CT UNIT 103
City-St-Zip: MIAMI, FL 33183

Title: AD () Delete
Name: DENIS, DANIELLE
Address: 6420 SW 138TH CT UNIT 103
City-St-Zip: MIAMI, FL 33183

Title: EESD () Delete
Name: DAVID, JOCELYN
Address: 6420 SW 138TH CT UNIT 103
City-St-Zip: MIAMI, FL 33183

Title: S () Delete
Name: SALNAVE, DANIEL
Address: 6420 SW 138TH CT UNIT 103
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIREILLE SYLVAIN-DAVID

ED

02/29/2008

Electronic Signature of Signing Officer or Director

_____ Date