2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 A
Secretary of State

DOCUMENT # N99000005508

1. Entity Name
HUMANITARIAN ACTION FOR HAITI INC.

Principal Place of Business
5860 NE 2ND AVE
MIAMI, FL 33137

Mailing Address
5860 NE 2ND AVE
MIAMI, FL 33137

05032006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RENESCA, ROBERT
5860 NE 2ND AVENUE
MIAMI, FL 33137

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RENESCE, ROBERT
STREET ADDRESS	5860 NE 2ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	AST
NAME	THERLONGE, JOSEPH
STREET ADDRESS	3255 NW 97TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VD
NAME	FAMILUS, JEAN L
STREET ADDRESS	225 NW 125TH STREET
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	AT
NAME	POLYCARPE, ROSEMONDE
STREET ADDRESS	5552 N MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	VP
NAME	PIERRE, GUYLAINE
STREET ADDRESS	585 NW 101ST ST
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	T
NAME	TANELUS, FARELUS
STREET ADDRESS	1160 NW 122ND STREET
CITY-ST-ZIP	MIAMI, FL 33168

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05/20/06-80128-005 61.25

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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: Robert Renesca 05-06-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #