

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005508

FILED
Apr 20, 2009
Secretary of State

Entity Name: HUMANITARIAN ACTION FOR HAITI INC.

Current Principal Place of Business:

5860 NE 2ND AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5860 NE 2ND AVE
MIAMI, FL 33137

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENESCA, ROBERT
5860 NE 2ND AVENUE
MIAMI, FL 33137 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: PD () Delete
Name: RENESCA, ROBERT
Address: 5860 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: AST () Delete
Name: THERLONGE, JOSEPH
Address: 3255 NW 97TH STREET
City-St-Zip: MIAMI, FL 33147

Title: VD () Delete
Name: FAMILUS, JEAN L
Address: 225 NW 125TH STREET
City-St-Zip: MIAMI, FL 33168

Title: AT () Delete
Name: POLYCARPE, ROSEMONDE
Address: 5552 N MIAMI AVE
City-St-Zip: MIAMI, FL 33127

Title: VP () Delete
Name: PIERRE, GUYLAINE
Address: 585 NW 101ST ST
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: TANELUS, FARELUS
Address: 1160 NW 122ND STREET
City-St-Zip: MIAMI, FL 33168

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:

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: RENESCA ROBERT

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date