


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000111975 1. Entity Name HAITI VISION PRODUCTIONS, INC.	
--	---

Principal Place of Business 75 NORTH WEST 165ST N MIAMI BCH, FL 33163	Mailing Address PO BOX 530992 MIAMI SHORES, FL 33153
---	--

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1060498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERNEST, JEAN
75 NW 165 STREET
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

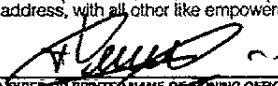
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN, ERNST 75 NORTH WEST 165ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEAN, ESTHER 75 NORTH WEST 165ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILNER, RODNEY 75 NORTH WEST 165ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHUBER, JEAN L 75 NORTH WEST 165ST N MIAMI BCH, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000151427
05/04/04-80046-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, 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:  **April 30, 04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #