

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 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

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1060498	Applied For <input type="checkbox"/> 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/04/05-80110-003 150.00

**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 119.07(3)(f), 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: Ernst Jean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2005 - 305-949-9553
Date Daytime Phone #