2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2005-90035-016-$150.00-$150.00

FILED
05 OCT 18 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P01000055508

1. Entity Name
HAITIAN-AMERICAN WEST INDIES TRAINING CENTER, INC.

Principal Place of Business	Mailing Address
2402 N. DIXIE HWY., STE 10 LAKE WORTH, FL 33460	2402 N. DIXIE HWY., STE 10 LAKE WORTH, FL 33460

08252005 Chg-P FCR2E034 (10/03) 625

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1120394 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADEUS, JOSUE 130 N DIXIE HWY STE 2 LAKE WORTH, FL 33460	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MADEUS, JOSUE 130 NORTH DIXIE HWY, SUITE 2 LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A.D. RUTH MADEUS CENEUS 1022 SOUTH 'D' ST. LAKE WORTH FL 33460. ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOSEPH, ALTAGRACE 130 N DIXIE HWY STE 2 LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CB MADEUS, JOSUE 130 N DIXIE HWY STE 2 LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, ALTAGRACE 130 N DIXIE HWY STE 2 LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/24
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, KENNY 823 33RD STREET WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Josue Madeus JOSUE MADEUS 10-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

561-540-9070