

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055508

FILED
May 23, 2008
Secretary of State

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

Current Principal Place of Business:

2402 N. DIXIE HWY., STE 10
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

2402 N. DIXIE HWY., STE 10
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-1120394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADEUS, JOSUE
2402 N DIXIE HWY., STE 10
LAKE WORTH, FL 33460 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MADEUS, JOSUE
Address: 2402 N DIXIE HWY., STE 10
City-St-Zip: LAKE WORTH, FL 33460

Title: S () Delete
Name: JOSEPH, ALTAGRACE
Address: 2402 N DIXIE HWY STE 10
City-St-Zip: LAKE WORTH, FL 33460

Title: CB () Delete
Name: MADEUS, JOSUE
Address: 2402 N DIXIE HWY STE 10
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: JOSEPH, ALTAGRACE
Address: 2402 N DIXIE HWY STE 10
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: HARRIS, KENNY
Address: 823 33RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: AD () Delete
Name: CENEUS, RUTH M
Address: 1022 SOUTH D STREET
City-St-Zip: LAKE WORTH, FL 33460

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSUE MADEUS

PRES

05/23/2008

Electronic Signature of Signing Officer or Director

Date