

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000041816

FILED
Feb 09, 2007
Secretary of State

Entity Name: INTERNATIONAL HAITIAN SOCIETY OF ECONOMIC & SOCIAL DEVELOPMENT, INC.

Current Principal Place of Business:

13971 OAK RIDGE DR
DAVIE, FL 33019

New Principal Place of Business:

Current Mailing Address:

13971 OAK RIDGE DR
DAVIE, FL 33019

New Mailing Address:

FEI Number: 04-3647211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN K P.A.
20801 BISCAYNE BLVD.
506
AVENTURA, FL 33180 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: P () Delete
Name: LECONTE, MAXIMEHE R
Address: 13971 OAK KRIDGE DR
City-St-Zip: DAVIE, FL 33019

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LECONTE, MAXIME R
Address: 13971 OAK RIDGE DR
City-St-Zip: DAVIE, FL 33019

Title: VP () Change (X) Addition
Name: JOSEPH, NAMPHY
Address: 13971 OAK RIDGE DR.
City-St-Zip: DAVIE, FL 33019

Title: S () Change (X) Addition
Name: RITCHELLE, LECONTE E
Address: 13971 OAK RIDGE DRIVE
City-St-Zip: DAVIE, FL 33019

Title: O () Change (X) Addition
Name: MARIA, ADAMES L
Address: 1071 E. 28TH STREET
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the 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: MAXIME R. LECONTE

P

02/09/2007

Electronic Signature of Signing Officer or Director

Date