


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90014 009 ***150.00

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| DOCUMENT # P02000133882 | |  |
| 1. Entity Name HAITIAN CHRISTIAN COMMUNITY ASSOCIATION, INC. | | |

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| Principal Place of Business 1350 STATE ROAD 7 NORTH LAUDERDALE, FL 33068 | Mailing Address 1350 STATE ROAD 7 NORTH LAUDERDALE, FL 33068 |
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| 2. Principal Place of Business 6597 Blvd champions | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State North lauderdale FL | City & State |
| Zip 33068 | Country |



03122004 Chg-P CR2E034 (10/03)

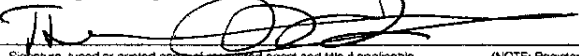
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|------------------------------------|--|
| 4. FEI Number 01-0649355 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent COLEMAN, ANTHONY G JR 3275 W. HILLSBORO BLVD., #207 DEERFIELD BEACH, FL 33442 | |
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| 7. Name and Address of New Registered Agent | |
| 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 **4/5/04**

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| FILE NOW!!! FEE IS \$150.00 After May-1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOUIS, TONY 1350 STATE ROAD 7 NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T.S. MYRLINE LOZIER 7902 SW 9th St North lauderdale FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLEURINA, VIANA 1350 STATE ROAD 7 NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALNER, STECHKER J 1350 STATE ROAD 7 NORTH LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4/5/04** (954) 336-4957