

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90401 003 ***150.00

DOCUMENT # P03000010489

1. Entity Name
HAITIAN AMERICAN INVESTMENT TOOLS, INC.



Principal Place of Business
10036 WINDING LAKE RD. #101
SUNRISE, FL 33351

Mailing Address
10036 WINDING LAKE RD. #101
SUNRISE, FL 33351

14013598



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

06-1682449

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

EACCOUNTANTSLAMM.COM, LLC
1437 NE 4TH AVE
FORT LAUDERDALE, FL 33304

Name **LINDA ELISCA**

Street Address (P.O. Box Number is Not Acceptable)

10036 WINDING LAKE RD # 101

City **SUNRISE**

FL

Zip Code **33351**

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: *Linda Elisca*

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **BASTIEN, EDDIE**
STREET ADDRESS **1136 NW 3RD AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☒ Change ☒ Addition
NAME **TAZE ROUSSIL BAZILE**
STREET ADDRESS **6211 NW 18 PL**
CITY-ST-ZIP **SUNRISE, FL 33313**

TITLE ☐ Delete
NAME **EFFENDI, ABDUL**
STREET ADDRESS **10036 WINDING LAKE RD. #101**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☒ Change ☒ Addition
NAME **LINDA ELISCA**
STREET ADDRESS **10036 WINDING LAKE RD. #101**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete
NAME **BOUZI, JOSEPH**
STREET ADDRESS **4531 TREE HOUSE LANE APT 1E**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **JOSEPH, BENEDIC**
STREET ADDRESS **4431 NW 30TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **GLOVIS, JEAN R**
STREET ADDRESS **10700 EMPEROR STREET**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #