

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 25, 2007
Secretary of State**

DOCUMENT# P03000040041

Entity Name: INSTITUT SUPERIEUR TECHNIQUE D'HAITI, INC.

Current Principal Place of Business:

13971 OAKRIDGE DR
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13971 OAKRIDGE DR
DAVIE, FL 33325

New Mailing Address:

FEI Number: 35-2201742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN K PA
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: MAXIME, LECONTE R
Address: 13971 OAKRIDGE DR
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: CALIXTE, SUZANNE
Address: 13971 OAKRIDGE DR
City-St-Zip: DAVIE, FL 33325

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CARL, NORMIL
Address: 13971 OAKRIDGE DR
City-St-Zip: DAVIE, FL 33325

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: LECONTE MAXIME R.

P

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date