

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083629

Entity Name: HAITIANZONE INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3940 DAVIE BLVD
FT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3940 DAVIE BLVD
FT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 87-0703360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THEODORE, EMMANUEL C
4291 NW 18TH ST
APT P-211
LAUDERHILL, FL 33313 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THEODORE, EMMANUEL C
Address: 4291 NW 18TH ST
City-St-Zip: LAUDERHILL, FL 33313 US

Title: D () Delete
Name: DABEL, MARIE C
Address: 5840 STRAWBERRY LAKES CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: D () Delete
Name: THEODORE, JOCELYNE
Address: 4291 NW 18TH ST
City-St-Zip: LAUDERHILL, FL 33313 US

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

Title: CEO () Change (X) Addition
Name: DRAGON, STEPHAN
Address: 8901 N NEW RIVER CANAL RD #4
City-St-Zip: PLANTATION, FL 33324 US

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: EMMANUEL C. THEODORE

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date