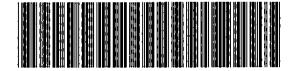
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SECRETARY OF STATE

TALLAHASSEE, FINDER

LAZARUS

CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

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ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
HAITI TIMES,	, INC.	
(Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

HAITI TIMES, INC.

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SECRE FARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1501 SW 15th Street BOCARATOD, FL. 33486

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 (one Thousand)

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Felipe M. Palacio, 1501 SW 15th Street Boca Raton, FL 33486

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Felipe M. Pelzero, 1501 SW 15th Street BOCA RATON, FL 33486

The undersigned incorporator has executed these Articles of Incorporation this 30 day of June 2006.

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

1) Felipe M. Palacio (President), 3) CLAIRE CHAPPUIS (Secretary)
15015W 15th, St.
BOCA RATON, FL 33486
2) Michel Morissett (Treasurer)
GONAIVES, HAITI

Eben-Ezer MISSION GONAIVES, HAITI

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agents.

Registered Agent Signature

Agency OF STATE