

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000032647

1. Entity Name
**TECHNICAL ASSISTANCE INITIATIVE FOR SERVICES
AMONG HAITIANS, INC.**



Principal Place of Business
**7736 EMBASSY BOULEVARD
MIRAMAR, FL 33023**

Mailing Address
**7736 EMBASSY BOULEVARD
MIRAMAR, FL 33023**



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0917257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEAN-GILLES, MICHELE PH.D.
7736 EMBASSY BOULEVARD
MIRAMAR, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	PIERRE, LAURINUS MD, MPH
STREET ADDRESS	7736 EMBASSY BLVD
CITY - ST - ZIP	MIRAMAR, FL 33023
TITLE	VD
NAME	JEAN-GILLES, MICHELE PH.D.
STREET ADDRESS	7736 EMBASSY BOULEVARD
CITY - ST - ZIP	MIRAMAR, FL 33023
TITLE	SD
NAME	PIERRE, LAURINUS M.D.
STREET ADDRESS	7736 EMBASSY BOULEVARD
CITY - ST - ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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34/90/04-80067-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Laurinus Pierre, Pres.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/26/04
Date Daytime Phone #