


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000032647 1. Entity Name TECHNICAL ASSISTANCE INITIATIVE FOR SERVICES AMONG HAITIANS, INC.	
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Principal Place of Business 7736 EMBASSY BOULEVARD MIRAMAR, FL 33023	Mailing Address 7736 EMBASSY BOULEVARD MIRAMAR, FL 33023
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02262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0917257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PIERRE, LAURINUS MD, MPH 7736 EMBASSY BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEAN-GILLES, MICHELE PH.D. 7736 EMBASSY BOULEVARD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERRE, LAURINUS M.D. 7736 EMBASSY BOULEVARD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/16/05-80038-001 150.00

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 filing empowered.

SIGNATURE:  **3/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #