

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003474

Entity Name: HAITI HEALTHY KIDS, INC.**Current Principal Place of Business:**11403 SW 133RD PLACE
MIAMI, FL 33186**Current Mailing Address:**11403 SW 133RD PLACE
MIAMI, FL 33186**FEI Number: 38-3800442****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DOMINA, CHARLES S
11403 SW 133RD PLACE
MIAMI, FL 33186 US*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**Officer/Director Detail :**

Title	D
Name	RAGHEB, JOHN MD
Address	3215 SW 62ND AVE SUITE 3109
City-State-Zip:	MIAMI FL 33155

Title	D
Name	RAGHEB, CATHY RN
Address	3215 SW 62ND AVE SUITE 3109
City-State-Zip:	MIAMI FL 33155

Title	D
Name	MCNEIL, ANN RN
Address	3215 SW 62ND AVE SUITE 3109
City-State-Zip:	MIAMI FL 33155

Title	D
Name	DOMINA, CAROLYN WRN
Address	11403 SW 133RD PLACE
City-State-Zip:	MIAMI FL 33186

Title	D
Name	SOCORRO, MARCIA MSW
Address	2111 N. 45 AVENUE
City-State-Zip:	HOLLYWOOD FL 33021

Title	D
Name	DOMINA, CHARLES S
Address	11403 SW 133RD PL
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	BHATIA, RITA DR.
Address	1611 NW 12TH AVENUE
City-State-Zip:	MIAMI, FL FL 33136

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES S. DOMINA**DIRECTOR****03/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date