

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004264

**FILED  
Apr 27, 2018  
Secretary of State  
CC9057135213**

**Entity Name:** HAITIAN YOUTH FOUNDATION INC.

**Current Principal Place of Business:**

9155 SOUTH DADELAND BLVD  
STE 1506  
MIAMI, FL 33156

**Current Mailing Address:**

9155 SOUTH DADELAND BLVD  
STE 1506  
MIAMI, FL 33156 US

**FEI Number:** 81-2438261

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARMSTRONG, CRAIG M  
9155 SOUTH DADELAND BLVD  
STE 1506  
MIAMI, FL 33156 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 ALFONSO, LOURDES  
Address 7900 SW 128 STREET  
City-State-Zip: MIAMI FL 33156

Title D  
Name ALFONSO, GUSTAVO  
Address 7900 SW 128 STREET  
City-State-Zip: MIAMI FL 33156

Title D  
Name ARMSTRONG, CRAIG  
Address 9155 SOUTH DADELAND BLVD  
STE 1506  
City-State-Zip: MIAMI FL 33156

Title D  
Name ALFONSO, AMANDA  
Address 7850 SW 128 STREET  
City-State-Zip: MIAMI FL 33156

*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:** CRAIG M ARMSTRONG

**DIRECTOR**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date