


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90037 014 ****61.25

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DOCUMENT # N04000009399					
1. Entity Name FRANCE-FLORIDA FOUNDATION FOR THE ARTS, INC.					
Principal Place of Business C/O CONSULAT GENERAL DE FRANCE, ESPIRITO 1395 BRICKELL AVE STE 1050 MIAMI, FL 33131			Mailing Address C/O CONSULAT GENERAL DE FRANCE, ESPIRITO 1395 BRICKELL AVE STE 1050 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2280101	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDELSTEIN, STEVEN A ESQ 1200 ANASTASIA AVE STE 410 CORAL GABLES, FL 33134			Name REGISTERED AGENT CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 355 ALHAMBRA CIRCLE SUITE 801 City CORAL GABLES FL Zip Code 33134		
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		<i>Raul Valdes-Fauli, Pres.</i>		DATE 3/19/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIYAR, RAPHAEL 1401 BRICKELL AVENUE - SUITE 1500 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WISEHEART, MALCOLM B. JR. 2840 S.W. THIRD AVENUE MIAMI, FL 33129-2317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRYLO, MELISSA M 4303 LYDIAS DRIVE WILLIAMSBURG, VA 23188 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALEZ-FAULI, RAUL 806 DOUGLAS RD MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES-FAULI, RAUL 355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, CAROL UF- 170 DAUER HALL, P.O. BOX 117405 GAINESVILLE, FL 32611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDELSTEIN, STEVEN A 1200 ANASTASIA AVE, SUITE 410 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.					
SIGNATURE:		<i>[Signature]</i>		DATE 3/19/08 (786)364-8400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	