## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N19843



Apr 19, 2007 8:00 am Secretary of State

**FILED** 

1. Entity Nam FRENCH INC.		IATIONAL PROGR	AM AS	SOCIATION,				0	4-19-2007 9	0208 049	) ****/().(	00	
1200 ANASTASIA AVENUE., STE 300 P.O				iling Address O. BOX 430845 IAMI, FL 33243-0845									
2. Principal Place of Business - No P.O. Box # 3.				ng Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04092007	Chg-NP	CR2E03	7 (12/06)				
City & State		City & State			T. C		4. FEI Number 59-2803334			-	oplied For		
Zìp	p Country		Zip	Zip Cou		intry	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
6. Name and Address of Current Registere				d Agent				7. Name and Address of New Registered Agent					
EDEL CTE	IN CTEM	Thi A			.,	Name							
EDELSTEIN, STEVEN A 1200 ANASTASIA AVE., SUITE 300 CORAL GABLES. FL 33134				Street Address (			P.O. Box Number is	s Not Acceptable	€)		-		
001012 0	NDLLO, I	2 33134											
						City				FL	Zip Cod	е	
	named entit	ty submits this statement for tered agent.	r the purpo	ose of changing its	register	ed office or	register	ed agent, or both,	in the State of Fl	orida. I am f	amiliar with,	and accept	
•													
SIGNATURE	Signature typer	d or printed name of registered agent	and title it anni	icable (NOTE	- Dogietora	d Agent signal				DATE	<u> </u>		
·	Oignatore, typec	or preference in the or registered agent	and some mappe	Cable. (NOTE	. negisiara	C Agent signat		when reinstating)		BATE			
·	Filing Fe	se is \$61.25 Hay 1, 2007	B A SAG II APP	9. Election Cam Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		lake check rida Depart			
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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:

ARE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)<u>496-506</u>2