


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90070 020 ****61.25

DOCUMENT # 770906 1. Entity Name FRENCH AMERICAN CHAMBER OF COMMERCE OF MIAMI/FT. LAUDERDALE, INC.					
Principal Place of Business 14 N.E. 1ST AVE. SUITE 1005 MIAMI, FL 33132			Mailing Address 14 N.E. 1ST AVE. SUITE 1005 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # 168 SE 1st Street		3. Mailing Address 168 SE 1st Street			
Suite, Apt. #, etc. Suite # 1102		Suite, Apt. #, etc. Suite # 1102			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33131	Country USA	Zip 33131	Country USA		
4. FEI Number 59-2354035			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 EDELSTEIN, STEVEN A ESQ BILTMORE HOTEL EXEC. OFFICE CTR 1200 ANASTASIA AVENUE, SUITE 410 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD	BRION, JACQUES <input type="checkbox"/> Delete		TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRION, JACQUES	14 N.E. 1ST AVE., STE 1005		NAME Brion, Jacques	168 SE, 1st street, suite # 1102	
STREET ADDRESS MIAMI, FL 33132	MIAMI, FL 33132		STREET ADDRESS MIAMI, FL 33131	USA	
CITY-ST-ZIP MIAMI, FL 33132	MIAMI, FL 33132		CITY-ST-ZIP MIAMI, FL 33131	USA	
TITLE VD	CHOUKROUN, DIDIER <input type="checkbox"/> Delete		TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CHOUKROUN, DIDIER	TWO BISCAYNE BLVD., STE 2630		NAME Capdevielle, Xavier	168 SE 1st street, suite # 1102	
STREET ADDRESS MIAMI, FL 33131	MIAMI, FL 33131		STREET ADDRESS MIAMI, FL 33131	USA	
CITY-ST-ZIP MIAMI, FL 33131	MIAMI, FL 33131		CITY-ST-ZIP MIAMI, FL 33131	USA	
TITLE SD	WOODBIDGE, FREDERICK <input type="checkbox"/> Delete		TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WOODBIDGE, FREDERICK	701 BRICKELL AVENUE, STE 1650		NAME Freeman, Richard	168 SE, 1st street, suite # 1102	
STREET ADDRESS MIAMI, FL 33131	MIAMI, FL 33131		STREET ADDRESS MIAMI, FL 33131	USA	
CITY-ST-ZIP MIAMI, FL 33131	MIAMI, FL 33131		CITY-ST-ZIP MIAMI, FL 33131	USA	
TITLE TD	SUREAU, OLMIER <input type="checkbox"/> Delete		TITLE 3D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SUREAU, OLMIER	100 N. BISCAYNE BLVD., STE 500		NAME Woodbridge, Frederick	701 Brickell Ave., suite # 1650	
STREET ADDRESS MIAMI, FL 33132	MIAMI, FL 33132		STREET ADDRESS MIAMI, FL 33131	USA	
CITY-ST-ZIP MIAMI, FL 33132	MIAMI, FL 33132		CITY-ST-ZIP MIAMI, FL 33131	USA	
TITLE TD	Sureau, Olivier <input type="checkbox"/> Delete		TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Sureau, Olivier	100 N. Biscayne Blvd. Suite 500		NAME Sureau, Olivier	100 N. Biscayne Blvd. Suite 500	
STREET ADDRESS MIAMI, FL 33132	MIAMI, FL 33132		STREET ADDRESS MIAMI, FL 33132	USA	
CITY-ST-ZIP MIAMI, FL 33132	MIAMI, FL 33132		CITY-ST-ZIP MIAMI, FL 33132	USA	
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: _____ 2/20/07 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					