2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# 770906

Entity Name: FRENCH AMERICAN CHAMBER OF COMMERCE OF MIAMI/FT. LAUDERDALE, INC.

Current Principal Place of Business:

168 SE 1ST STREET
SUITE 1102
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

168 SE 1ST STREET
SUITE 1102
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-2354035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BRION, JACQUES	
Address:	168 SE 1ST STREET SUITE #1102	
City-St-Zip:	MIAMI, FL 33131	
Title:	VD	( ) Delete
Name:	CAPDEVIELLE, XAVIER	
Address:	168 SE 1ST STREET SUITE #1102	
City-St-Zip:	MIAMI, FL 33131	
Title:	SD	( ) Delete
Name:	WOODBRIDGE, FREDERICK	
Address:	701 BRICKELL AVENUE, STE 1650	
City-St-Zip:	MIAMI, FL 33131	
Title:	TD	( ) Delete
Name:	SUREAU, OLIVIER	
Address:	100 N. BISCAYNE BLVD., STE 500	
City-St-Zip:	MIAMI, FL 33132	
Title:	VD	(X) Delete
Name:	FREEMAN, RICHARD	
Address:	168 SE 1ST STREET SUITE #1102	
City-St-Zip:	MIAMI, FL 33131	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: XAVIER CAPDEVIELLE VD 04/25/2009

Electronic Signature of Signing Officer or Director — Date