

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007358

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC3578314965**

**Entity Name:** FONDATION MOULIN SUR MER INC.

**Current Principal Place of Business:**

18659 SW 12TH STREET  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18659 SW 12TH STREET  
PEMBROKE PINES, FL 33029 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALIBA, PIERRE A  
1201 BRICKELL AVE.  
SUITE 610  
MIAMI, FL 33131 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	P	Title	VP
Name	FOMBRUN, CHARLES E	Name	CARVONIS, DOMINIQUE F
Address	7966 NW 14TH STREET	Address	7966 NW 14TH STREET
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	TRE		
Name	SALIBA, PIERRE A		
Address	18659 SW 12TH STREET		
City-State-Zip:	PEMBROKE PINES FL 33029		

*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:** CHARLES E. FOMBRUN

**PRESIDENT**

**04/22/2014**

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

\_\_\_\_\_  
Date