

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011435

**Entity Name:** LES AILES DU DESIR FOUNDATION, INC.

**Current Principal Place of Business:**

1395 NW 22ND STREET  
MIAMI, FL 33142

**Current Mailing Address:**

1395 NW 22ND STREET  
MIAMI, FL 33142 US

**FEI Number: 83-0594738**

**Certificate of Status Desired: No**

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

CHOQUETTE, CLAUDINE M  
5621 GRANADA BLVD  
CORAL GABLES, FL 33146 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            PRESIDENT  
Name            CHOQUETTE, CLAUDINE M  
Address        1395 NW 22ND STREET  
City-State-Zip: MIAMI FL 33142

Title            SECRETARY  
Name            BERISTAIN, LAURA E  
Address        1395 NW 22ND STREET  
City-State-Zip: MIAMI FL 33142

Title            TREASURER  
Name            SORDILLON, JEROME  
Address        1395 NW 22ND STREET  
City-State-Zip: MIAMI FL 33142

Title            BOARD MEMBER  
Name            RICORDI, CAMILLO DR.  
Address        1395 NW 22ND STREET  
City-State-Zip: MIAMI FL 33142

*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: CLAUDINE CHOQUETTE**

**PRESIDENT**

**03/17/2022**

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

\_\_\_\_\_  
Date