

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011435

**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**1079140787CC**

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

**Current Principal Place of Business:**

1395 NW 22ND STREET  
MIAMI, FL 33142

**Current Mailing Address:**

5621 GRANADA BLVD  
CORAL GABLES, FL 33146 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 PT  
Name CHOQUETTE, CLAUDINE M  
Address 5621 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33146

Title ST  
Name BERISTAIN, LAURA E  
Address 5775 SW 35TH STREET  
City-State-Zip: MIAMI FL 33255

Title D  
Name SORDILLON, JEROME  
Address CARRER MAR MEDITERANNI, 106  
City-State-Zip: TOSSAL,ALICANTE ESP OC 03530

*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**

**DIRECTOR**

**02/09/2019**

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

\_\_\_\_\_  
Date