2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90070 020 ****61.25

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

Principal Place of Business	Mailing Address
14 N.E. 1ST AVE. SUITE 1005 MIAMI, FL 33132	14 N.E. 1ST AVE. SUITE 1005 MIAMI, FL 33132

02212007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
168 SE 1st Street	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 ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRION, JACQUES 14 N.E. 1ST AVE., STE 1005 MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Brion, Jacques 168 SE, 1st Street, Suite # 1102 MIAMI, FL 33131 USA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHOUKROUN, DIDIER TWO BISCAYNE BLVD., STE 2630 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Capdevielle, Xavier 168 SE 1st Street, Suite # 1102 MIAMI, FL 33131 USA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOODBRIDGE, FREDERICK 701 BRICKELL AVENUE, STE 1650 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Freeman, Richard 168 SE, 1st Street, Suite # 1102 MIAMI, FL 33131 USA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUREAU, OLIVIER 100 N. BISCAYNE BLVD., STE 500 MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Woodbridge, Frederick 701 Brickell Ave., Suite # 1650 MIAMI, FL 33131 USA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Sureau, Olivier 100 N. Biscayne Blvd. Suite 500 MIAMI, FL 33132 USA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #