

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90108 018 \*\*\*\*61.25

**DOCUMENT # N00000005799**  
 1. Entity Name  
**EGLISE FRATERNITE CHRETIENNE INC.**



Principal Place of Business <b>20 NE 49TH ST MIAMI, FL 33137</b>	Mailing Address <b>20 NE 49TH ST MIAMI, FL 33137</b>
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**60038226**



04302006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1118436</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**DENAVAR, LAISNER  
 20 NE 49TH ST  
 MIAMI, FL 33137**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS


TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENAVAR, LAISNER 20 NE 49TH STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR CHRISTIAN, JEAN 820 NE 182ND STREET MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AUGUSTIN, EVELYN 20910 NE 8TH COURT APP201 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Laisner Denavar 4/25/06 305-389-9169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000005799</b> 1. Entity Name <b>EGLISE FRATERNITE CHRETIENNE INC.</b>					
Principal Place of Business <b>20 NE 49TH ST MIAMI, FL 33137</b>		Mailing Address <b>20 NE 49TH ST MIAMI, FL 33137</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEJ Number <b>65-1118436</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For <input type="checkbox"/> Not Applicable		04302006 Chg-NP CR2E037 (4/06)			
<b>6. Name and Address of Current Registered Agent</b>  <b>DENAVAR, LAISNER 20 NE 49TH ST MIAMI, FL 33137</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>DENAVAR, LAISNER 20 NE 49TH STREET MIAMI, FL 33137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Emile Pierre chery</i> <b>1491 N.E. 149ST N. MIAMI FLA 33161</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR <b>CHRISTIAN, JEAN 820 NE 182ND STREET MIAMI, FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>AUGUSTIN, EVELYN 20910 NE 8TH COURT APP201 MIAMI, FL 33179</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>SIGNATURE:</b> <i>Laisner Denavar</i>		<i>4/29/06</i>		<i>305-389-9169</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

6 0038226

