

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008004

FILED  
Aug 14, 2006  
Secretary of State

Entity Name: U.F.E. FORT LAUDERDALE, INC.

## Current Principal Place of Business:

2231 NE 192 STREET  
NORTH MIAMI BEACH, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

2231 NE 192 STREET  
NORTH MIAMI BEACH, FL 33180

## New Mailing Address:

FEI Number: 65-1067226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

GOVAERT, ALICE  
2231 NE 192 STREET  
NORTH MIAMI BEACH, FL 33180      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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOVAERT, ALICE  
Address: 2231 NE 192 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: VP ( ) Delete  
Name: DESPREAUX, MICHEL  
Address: 2231 NE 192 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: S ( ) Delete  
Name: LE CANNELLIER, MYRIAM  
Address: 2231 NE 192 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: T ( ) Delete  
Name: SUREAU, OLIVIER  
Address: 2231 NE 192 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GOVAERT, ALICE  
Address: 2231 NE 192 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: T (X) Change ( ) Addition  
Name: LENORMAND, JEAN LOUIS  
Address: 2231 NE 192 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICE GOVAERT

P

08/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date