


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90188 049 \*\*\*\*61.25

<b>DOCUMENT # N01000002888</b>	
1. Entity Name <b>FRENCH AMERICAN NETWORK CORP.</b>	

Principal Place of Business <b>2731 NE 14TH STREET SUITE 620 POMPAHO BEACH, FL 33062</b>	Mailing Address <b>2731 NE 14TH STREET SUITE 620 POMPAHO BEACH, FL 33062</b>
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**19977 NE 5th Court  
MIAMI FL 33179**

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1100231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LEDUC, REJEAN 1001 N FEDERAL HWY SUITE 202 HALLANDALE, FL 33009</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-stating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	PD CHARPENTIER, GERARD 2731 NE 14TH STREET SUITE 620 POMPAHO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BELLAMY, JACQUELINE 14625 HARRIS PL. MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BIRDSEY, COLLIN 2900 N COURSE DR. #707 POMPAHO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Denyse LEON-COHEN 19977 NE 5th Court Miami FL 33179</b>
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 exemption stated in Section 119.07(3)(i), 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: Gerard Charpentier **CHARPENTIER Gerard** 04/26/05 954 295 4210  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone