2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007094

Address:

City-St-Zip:

FILED Mar 29, 2006 Secretary of State

Entity Name: JILOU FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 375 NE 54 ST STE 1 MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 375 NE 54 ST STE 1 MIAMI, FL 33137 FEI Number: 01-0663381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ETIENNE, EDNA 7816 PLANTATION BLVD MIRAMAR, FL 33023 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ETIENNE, EDNA Name: Name: 7816 PLANTATION BLVD Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: PARDO, ULRICK Name: Address: 2204 SW 132 TERR Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition BARTHELEMY, FRITZGERALD Name: Name: 11325 PEACHTREE DR Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: Title: TD () Delete Title: () Change () Addition FRANCOIS, SMITH Name: Name: Address: 911 NE 142ND STREET Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: () Delete Title: SECR () Change (X) Addition HILAIRE, JESULA M Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ETIENNE, EDNA PD 03/29/2006

13201 MEMORIAL HWY # 104

NORTH MIAMI, FL 33161