


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90129 001 *****61.25
07-26-2004 90129 002 *****8.75

DOCUMENT # N02000009410	
1. Entity Name ASSOCIATION FOR THE DEVELOPMENT OF L'AZILE, INC.	

Principal Place of Business 190 NE 91 ST MIAMI SHORES FL 33138	Mailing Address 190 NE 91 ST MIAMI SHORES FL 33138
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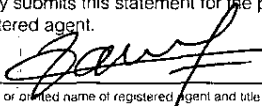
2. Principal Place of Business 4906 TAFT ST Suite, Apt., etc.	3. Mailing Address 4906 TAFT ST Suite, Apt., etc.
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City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021	Zip 33021
Country USA	Country USA

4. FEI Number 01-0549413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LALANNE, VILBRUN 190 NE 91 ST MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent Name: DELVA, JANEL Street Address (P.O. Box Number is Not Acceptable) 4906 TAFT ST City: HOLLYWOOD FL Zip Code: 33021
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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:  DATE: 7/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALANNE, VILBRUN 4906 TAFT ST HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	DELVA, JANEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4906 TAFT ST HOLLYWOOD, FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELVA, JANEL 4906 TAFT ST HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	GASSANT SERGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22172C BOCA RANCHO DR BOCA RATON, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABORDE, ELIEL 1050 NE 85TH ST MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	LIBERTE, JOEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1135 NE 143rd St N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	BAPTISTE, WILFRIDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12150 NW 5th AVE N. MIAMI FL. 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	7/20/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>