2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N02000009410

Entity Name: ASSOCIATION FOR THE DEVELOPMENT OF L'AZILE, INC.

Current Principal Place of Business:

4906 TAFT ST.
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4906 TAFT ST.
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 01-0549413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELVA, JANEL
4906 TAFT ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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:	D	( ) Delete
Name:	LALANNE, VILBRUN	
Address:	4906 TAFT ST	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	DELVA, JANEL	
Address:	4906 TAFT ST	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	LABORDE, ELIEL	
Address:	1050 NE 85TH ST	
City-St-Zip:	MIAMI, FL 33138	
Title:	V	( ) Delete
Name:	GASSANT, SERGE	
Address:	22172 C BOCA RANCHO DR	
City-St-Zip:	BOCA ROTON, FL 33021	
Title:	S	( ) Delete
Name:	LIBERTS, JOEL	
Address:	1135 NE 143RD ST	
City-St-Zip:	MIAMI, FL 33161	
Title:	T	( ) Delete
Name:	BAPTISTE, WILFRIDE	
Address:	12150 NW 5TH AVE	
City-St-Zip:	N. MIAMI, FL 33168	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANEL DELVA D 04/25/2005

Electronic Signature of Signing Officer or Director — Date