2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009410

FILED Apr 26, 2008 Secretary of State

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

	rincipal Place of Business:	New Principal Place of Business:		
906 TAFT OLLYWO	「ST. DOD, FL 33021			
urrent M	lailing Address:	New Mailing Address:	New Mailing Address:	
06 TAFT DLLYWC	「ST. DOD, FL 33021			
l Number:	: 01-0549413 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status De	esired ()	
ıme and	Address of Current Registered Agent:	Name and Address of New Registered Age	nt:	
ELVA, JA 06 TAF1 DLLYWO				
	named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered ag	ent, or both,	
SNATUF	RE: Electronic Signature of Registered A	gent Date		
FICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	
e: ne: dress: y-St-Zip:	P () Delete DELVA, JANEL 4906 TAFT ST HOLLYWOOD, FL 33021	Title: () Change () Addition Name: Address: City-St-Zip:		
e: me:	V () Delete GASSANT, SERGE 7518 PRESCOTT LN	Title: () Change () Addition Name: Address:		
dress: y-St-Zip:	LAKE WORTH, FL 33467	City-St-Zip:		
dress:				
lress: /-St-Zip: e: ne: lress:	LAKE WORTH, FL 33467 T () Delete BAPTISTE, WOILPHRIDE 12150 NW 5TH AVE	City-St-Zip: Title: () Change () Addition Name: Address:		
Iress: #-St-Zip: #: #: #: #: #: #: #: #: #:	LAKE WORTH, FL 33467 T () Delete BAPTISTE, WOILPHRIDE 12150 NW 5TH AVE MIAMI, FL 33168 V/T () Delete LIBERTE, JOEL 1135 NE 143 ST	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify 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: JANEL DELVA D 04/26/2008