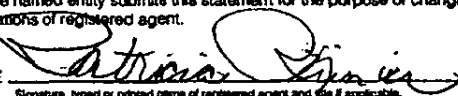


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/ FILED
Apr 09, 2004 8:00 am
Secretary of State

03-29-2004 90065 021 ****61.25

DOCUMENT # N03000001207					
1. Entity Name ECOLE FRANCAISE INCORPORATED					
Principal Place of Business 315 SE MIZNER BLVD, STE 211 BOCA RATON, FL 33432			Mailing Address 315 SE MIZNER BLVD, STE 211 BOCA RATON, FL 33432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2100212 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03122004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAINIER, PATRICIA 2018 NE 17TH ST, APT #12 FT LAUDERDALE, FL 33305			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAINIER, PATRICIA 2018 NE 17TH TERRACE - #12 FT. LAUDERDALE - FL - 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT TUCKER 1800 SE 14TH STREET FT. LAUDERDALE - FL - 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALLMANN, PAM SECRETARY 1839 MIDDLE RIVER DRIVE - 505 FORT LAUDERDALE FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					