2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N03000004408

Entity Name: ASSOCIATION POUR LE DEVELOPPEMENT DE FORT-LIBERTE ET SES ENVIRONS, INC.

Current Principal Place of Business:

45 NW 188 ST
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

45 NW 188 ST
MIAMI, FL 33169

New Mailing Address:

FEI Number: 06-1696046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AB CONSULTING AND ACCOUNTING SERVICES, INC
6237 MIRAMAR PARKWAY
200
MIRAMAR, FL 33023

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:	P	( ) Delete
Name:	ALEXANDRE, SUZE	
Address:	45 NW 188 ST	
City-St-Zip:	MIAMI, FL 33169	
Title:	V	( ) Delete
Name:	CHERENFANT, EMMANUEL	
Address:	45 NW 188 ST	
City-St-Zip:	MIAMI, FL 33169	
Title:	S	( ) Delete
Name:	VOIGHT, JOHNSON	
Address:	45 NW 188 ST	
City-St-Zip:	MIAMI, FL 33169	
Title:	T	( ) Delete
Name:	CEINOR-FLEURINOR, ROSE	
Address:	6237 MIRAMAR PARKWAY	
City-St-Zip:	MIRAMAR, FL 33023	

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:	

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: ANIS BLEMUR TD 04/30/2004

Electronic Signature of Signing Officer or Director — Date