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FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90005 015 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005216

1. Entity Name
FEDERATION DES ANCIENS DE REGINA ASSUMPTA, INC.

54056086

Principal Place of Business	Mailing Address
523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	523 S ANDREW AVENUE FT LAUDERDALE, FL 33301

03142003 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6746 West	(Same)
Suite, Apt. #, etc. Calumet Circle	Suite, Apt. #, etc.
City & State Lake Worth FL	City & State
Zip 33467 Country Palm Beach	Zip Country

4. FEI Number 65-0984045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACHILLE, GRACE 523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	Name: Achille, Grace Street Address (P.O. Box Number is Not Acceptable): 6746 West Calumet Circle City: Lake Worth FL Zip Code: 33467

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 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	PD ACHILLE, GRACE 523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHEVALIER-MOMPREMIER, MARTUERITE 523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAUTHIER, FRED 523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HIPPOLITE-GAUTHIER, ROSE C 523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CELESTIN, RESEDA 523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEETJEN, LODZ 523 S ANDREW AVENUE FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X Grace Achille GRACE ACHILLE, PRESIDENT 05/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone #