

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005487

FILED
Jul 08, 2008
Secretary of State

Entity Name: LYCEE FRANCO AMERICAN INTERNATIONAL SCHOOL, INC.

Current Principal Place of Business:

5121 LANCELOT LANE
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

5121 LANCELOT LANE
DAVIE, FL 33331

New Mailing Address:

FEI Number: 75-3121451 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOY, TIMOTHY M
5121 LANCELOT LANE
DAVIE, FL 33331 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: MERISIO, CLAUDIO
Address: 9200 NW 54TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: THONY, FERNAND
Address: 16801 NE 14TH AVE. #105
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D () Delete
Name: ECHEVERRY, DARIO CHRM.
Address: 4000 ISL. BLVD. APT. 407
City-St-Zip: AVENTURA, FL 33160

Title: SD () Delete
Name: BARKER, CHERYL
Address: 226 BAL CROSS DR.
City-St-Zip: BAL HARBOUR, FL 33157

Title: D () Delete
Name: HUSSAIN, KEM
Address: 5065 SW 155 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Delete
Name: DARIUS, JEAN DONA V-CHRM
Address: 8801 N CRESCENT DRIVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ECHEVERRY, DARIO CHRM.
Address: 3999 NW 89 WAY
City-St-Zip: COOPER CITY, FL 33024

Title: D (X) Change () Addition
Name: GONZALEZ, IRVING
Address: 80 SW 8TH ST - SUITE 1710
City-St-Zip: MIAMI, FL 33130

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 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: DARIO ECHEVERRY

CHRM

07/08/2008

Electronic Signature of Signing Officer or Director

Date