

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005806

FILED
Jan 11, 2005
Secretary of State

Entity Name: ASSEMBLE DES PREMIERS NES DE LA REVOLUTION SALUTAIRE, INC.

Current Principal Place of Business:

3800 FOWLER ST
STE 9
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6337
FORT MYERS, FL 33911

New Mailing Address:

FEI Number: 73-1675909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GASPARD, MAXON
17241 NW 9TH PL.
MIAMI, FL 33169 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: PD () Delete
Name: GASPARD, MAXON
Address: 17241 NW 9TH PL.
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: JUSLIN, ARNAULD
Address: 2269 CARELL ROAD
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: MARIUS, FEFE
Address: 2145 CANAL ST
City-St-Zip: FT MYERS, FL 33901

Title: SD () Delete
Name: POINCON, ANTONIO
Address: 3009 CALVIN BLVD
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: JOSEPH, RAYNALD
Address: 716 FARGO DR.
City-St-Zip: FT. MYERS, FL 33913

Title: D () Delete
Name: POLICARD, PASCAL
Address: 2121 HANSON ST.
City-St-Zip: FT. MYERS, FL 33901

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
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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: MAXON GASPARD

PD

01/11/2005

Electronic Signature of Signing Officer or Director

Date