

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90031 006 \*\*\*\*70.00

<b>DOCUMENT # N03000007198</b> 1. Entity Name <b>FONDATION BAZILE, INC.</b>					
Principal Place of Business <b>RUE 15 Q, #18 CSP-HAITIEN, HAITI WEST INDIES,</b>			Mailing Address <b>RUE 15 Q, #18 CSP-HAITIEN, HAITI WEST INDIES,</b>		
2. Principal Place of Business		3. Mailing Address <b>282 NW 111 Terr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI FL</b>		4. FEI Number <b>09-9155101</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33168</b>		Country <b>USA</b>		03092005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>THEODORE, SERGE 282 NW 111TH TERR. MIAMI, FL 33168</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAZILE, LOUIS A RUE 15 Q, #18 CAP-HAITIEN, HAITA, WI, L	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THEODORE, MARIA 282 NW 111TH TERR. MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THEODORE, SERGE 282 NW 111TH TERR. MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEAN-BAPTISTE, DANIEL 282 NW 111TH TERR. MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERRE-JEROME, ODETTE RUE 15 Q, #18 CAP-HAITIEN, HAITA, WI, L	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: SERGE THEODORE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-9-05</b> <small>Date</small>		<b>305 751 0999</b> <small>Daytime Phone #</small>	