

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 05, 2008  
Secretary of State**

DOCUMENT# N04000001140

Entity Name: ASSOCIATION CAYENNE DE LA FLORIDE INC.

**Current Principal Place of Business:**

2022 ADAMS ST APT 108  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2022 ADAMS ST APT 108  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 86-1097540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANCOIS, MARIE MICHELLE  
2022 ADAMS ST APT 108  
HOLLYWOOD, FL 33020      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: P      ( ) Delete  
Name: FRANCOIS, MARIE MICHELLE  
Address: 2022 ADAMS ST APT 108  
City-St-Zip: HOLLYWOOD, FL 33020

Title: S      ( ) Delete  
Name: SICARD, AUDE  
Address: 60 NW 161 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T      ( ) Delete  
Name: BELIZORE, PIERRE  
Address: 6050 SW 26TH ST  
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:

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: MARIE MICHELLE FRANCOIS

P

03/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date