

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001697

FILED
Apr 28, 2006
Secretary of State

Entity Name: FONDATION COLOMBES SAINT-MARCOISES INC.

Current Principal Place of Business:

6996 NW 42ND STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6996 NW 42ND STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-0769333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUELLES, FRANCISCO J
8567 CORAL WAY
181
MIAMI, FL 33155 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: EMERAN, MARGUERITTE
Address: 6996 NW 42ND STREET
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: AUBRY, GENEVIEVE
Address: 6996 NW 42ND STREET
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: EMERAN, MICHAEL
Address: 6996 NW 42ND STREET
City-St-Zip: MIAMI, FL 33166

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 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: MICHAEL EMERAN

S

04/28/2006

Electronic Signature of Signing Officer or Director

Date