

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008558

FILED
Aug 01, 2007
Secretary of State

Entity Name: NID DES PETITS BILINGUAL SCHOOL, INC.

Current Principal Place of Business:

17900 NW 19TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17900 NW 19TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

J.C. CANTAVE, INC.
1970 NW 180TH STREET
MIAMI GARDENS, FL 33056 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: DP () Delete
Name: MERCERON, LINDA
Address: 17900 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: ROBERT, MARYSE
Address: 445 NE 76TH STREET
City-St-Zip: MIAMI, FL 33138

Title: S () Delete
Name: DELPECHE, GIOVANNI
Address: 3805 E WOODSCAPE DR
City-St-Zip: MIRAMAR, FL 33023

Title: DT () Delete
Name: SIMEON, FRITZ
Address: P.O. BOX 5138
City-St-Zip: WEST HOLLYWOOD, FL 33083

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
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: LINDA MERCERON

DP

08/01/2007

Electronic Signature of Signing Officer or Director

Date