

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006862

FILED
Apr 06, 2007
Secretary of State

Entity Name: FONDATION BIENFAISANCE, INC.

Current Principal Place of Business:

21300 SAN SIMEON WAY
SUITE M7
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

21300 SAN SIMEON WAY
SUITE M7
MIAMI, FL 33179

New Mailing Address:

FEI Number: 72-1604053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHARD, ROMUALD
21300 SAN SIMEON WAY
SUITE M7
MIAMI, FL 33179 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: D () Delete
Name: JOUBERT, MARC
Address: 21300 SAN SIMEON WAY #M7
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: ADRIEN, GREGORY
Address: 21300 SAN SIMEON WAY #M7
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: BLANCHARD, ROMUALD
Address: 21300 SAN SIMEON WAY #M7
City-St-Zip: MIAMI, FL 33179

Title: O () Delete
Name: BITAL, EVELYNE
Address: 21300 SAN SIMEON WAY # M7
City-St-Zip: MIAMI, FL 33179

Title: O () Delete
Name: FRANCOIS, FRITZ-GERALD
Address: 21300 SAN SIMEON WAY # M7
City-St-Zip: MIAMI, FL 33179

Title: O () Delete
Name: ALADIN CHARLOT, MARIE
Address: 21300 SAN SIMEON WAY # M7
City-St-Zip: MIAMI, FL 33179

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:

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: EVELYNE BITAL

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date