

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000466

Entity Name: AJE FOUNDATION, CORP.

FILED
Oct 05, 2009
Secretary of State

Current Principal Place of Business:

18810 LENAIRE DR
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18810 LENAIRE DR
MIAMI, FL 33157

New Mailing Address:

FEI Number: 81-0682118 FEI Number Applied For () 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:

EUSEBE, ANTOINE
18810 LENAIRE DR
MIAMI, FL 33157 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: ANTOINE EUSEBE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EUSEBE, ANTOINE
Address: 18810 LENAIRE DR
City-St-Zip: MIAMI, FL 33157

Title: DP () Delete
Name: PIARD, ALPHONSE
Address: 21270 NE 3 CT
City-St-Zip: MIAMI, FL 33179

Title: DVP () Delete
Name: DAPHNIS, HALLAN
Address: 11938 SW 272 TERR
City-St-Zip: MIAMI, FL 33033

Title: S () Delete
Name: EDOUARD, CAROLLE
Address: 10211 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: BIAMBY, MARIE
Address: 18522 SW 92 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EUSEBE, ANTOINE
Address: 18810 LENAIRE DR
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change () Addition
Name: JEAN BAPTISTE, JOEL
Address: 18810 LENAIRE DR
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change () Addition
Name: JESSIE, BELLEVUE
Address: 18810 LENAIRE DR
City-St-Zip: MIAMI, FL 33157

Title: S (X) Change () Addition
Name: DUVERGER, KARINE
Address: 7640 BAY HILL DRIVE
City-St-Zip: MIAMI, FL 33015

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: ANTOINE EUSEBE

Electronic Signature of Signing Officer or Director

P

10/05/2009

Date