
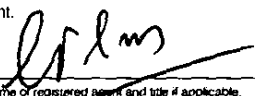



2006 NON-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90029 014 ****61.25

DOCUMENT # N07000001460 1. Entity Name ADFE FLORIDA INC					
Principal Place of Business ESPIRITO SANTO PLAZA-1395 BRICKELL AVENUE SUITE 1050 MIAMI, FL 33131 US				Mailing Address ESPIRITO SANTO PLAZA-1395 BRICKELL AVENUE SUITE 1050 MIAMI, FL 33131 US	
2. Principal Place of Business - No P.O. Box # 724 SW 25 Th Road Suite, Apt. #, etc.		3. Mailing Address 724 SW 25 Th Road Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33129	Country US	Zip 33129	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMAL, CATHERINE ESPIRITO SANTO PLAZA-1395 BRICKELL AVENUE SUITE 1050 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name FRANCOULON CLAIRE Street Address (P.O. Box Number is Not Acceptable) 724 SW 25 Th Road City MIAMI FL FL Zip Code 33129	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/01/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SCHMAL, CATHERINE STREET ADDRESS E SANTO PLAZA-1395 BRICKELL AVENUE - S1050 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE P NAME FRANCOULON CLAIRE STREET ADDRESS 724 SW 25 Th Road CITY-ST-ZIP MIAMI, FL, 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PIET, REMI STREET ADDRESS 1627 SW 37TH AVENUE APT 707 CITY-ST-ZIP MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DE MONTALEMBERT LAURE STREET ADDRESS 2843 SOUTH BAYSHORE DRIVE #5F CITY-ST-ZIP MIAMI, 33133 FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TR NAME FRANCOULON JEAN-JACQUES STREET ADDRESS 724 SW 25TH ROAD CITY-ST-ZIP MIAMI, FL, 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 04/01/2008 Daytime Phone # 786 2077357		