


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 019 ****61.25

DOCUMENT # N43733 1. Entity Name THE RALLIEMENT OF JEAN-RABELIANS AND THEIR FRIENDS, INC.					
Principal Place of Business 3085 NW 26 ST 3085 FORT LAUDERDALE, FL 33311			Mailing Address 3085 NW 26 ST 3085 FORT LAUDERDALE, FL 33311		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0938640	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, RAMONDE 1900 SW 44TH AVE., #1 PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUCLOS, ELIFRANCE 16810 NE 6TH CT NMB, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUIS, ANGELIQUE S 3611 SW 39TH AVE HALLANDALE, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM MARCELUS, HENRI L 375 NW 188TH ST MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Brutus, Elza 754 N. W 117th St Miami, FL 33168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, VALLERIE 4420 NW 36 CT LAUDERDALE LAKES, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXON, CIVIL 2801 NW 55 AVE LAUDERHILL, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brutus, Liliane 754 N. W 117th St Miami, FL 33168	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			05-24-05 Date Daytime Phone #		