2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43733

FILED Apr 30, 2008 Secretary of State

Entity Name: THE RALLIEMENT OF JEAN-RABELIANS AND THEIR FRIENDS, INC.

Current Principal Place of Business: New Principal Place of Business: 3085 NW 26 ST 1711 SW 44TH TERRACE 3085 FORT LAUDERDALE, FL 33317 FORT LAUDERDALE, FL 33311 **New Mailing Address: Current Mailing Address:** 3085 NW 26 ST 1711 SW 44TH TERRACE 3085 FORT LAUDERDALE, FL 33317 FORT LAUDERDALE, FL 33311 FEI Number: 65-0938640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RICHARDSON, RAMONDE RICHARDSON, RAMONDE Name: Name: 1900 SW 44TH AVE., #1 Address: 1711 SW 44TH TERRACE Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: FORT LAUDERDALE, FL 33317 Title: () Delete Title: () Change () Addition DUCLOS, ELIFRANCE Name: Name: Address: 16810 NE 6TH CT Address: City-St-Zip: NMB, FL 33162 City-St-Zip: Title: () Delete Title: () Change () Addition LOUIS, ANGELIQUE S Name: Name: 3611 SW 39TH AVE Address: Address: City-St-Zip: HALLANDALE, FL 33023 City-St-Zip: () Delete Title: SM Title: () Change () Addition Name: MARCELUS, HENRI L Name: Address: 933 COLLEGE PARK RD Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDSON, VALLERIE Name: Name: 4420 NW 36 CT Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition BRUTUS FIZA Name: Name: Address: 754 NW 117TH ST Address: MIAMI, FL 33168 City-St-Zip: 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: RAMONDE RICHARDSON P 04/30/2008