2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N92000000881

Entity Name: CLUB ENTENTE, INC.

Current Principal Place of Business:

%ERNEST BUISSERETH
9010 JOHNSON STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

%ERNEST BUISSERETH
9010 JOHNSON STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0389999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUISSERETH, ERNEST
9010 JOHNSON ST
PEMBROKE PINES, FL 33024 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: PD ( ) Delete
Name: BAROSY, DUCARMEL
Address: 1121 NE 200 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: SD ( ) Delete
Name: SEYMOUR, PHILIPPE
Address: 8210 FLORIDA DR #213
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD ( ) Delete
Name: SAINTILLIEN, GOLDY
Address: 5233 SW 118TH AVE
City-St-Zip: COOPER CITY, FL 33330

Title: V ( ) Delete
Name: MARCEL, RENEE
Address: 900 SW 142TH AVE #403
City-St-Zip: PEMBROKE PINES, FL 33027

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:

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: BAROSY DUCARMEL PD 02/17/2009

Electronic Signature of Signing Officer or Director — Date