

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90046 001 *****8.75
01-09-2006 90046 002 *****61.25

66000015



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0623457** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETIENNE, CHARITE, REV.
6290 N.W. 31 Way
FORT LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

NICOLAS DESLIEN, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/05/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ETIENNE, CHARITE
STREET ADDRESS 6290 NW 31 WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE SD ☐ Delete
NAME SILIEN, ILIOBERT JACQUES
STREET ADDRESS 1208 NE 15 AVENUE
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE TD ☐ Delete
NAME DAVILMAR, FRANCISQUE
STREET ADDRESS 334 SE 65TH AVE.
CITY-ST-ZIP MARGATE, FL 33068

TITLE D ☐ Delete
NAME *NICOLAS DESLIEN*
STREET ADDRESS *2391 N.W. 72nd AVE*
CITY-ST-ZIP *Sunrise, FL 33313*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nicolas Deslien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-06

Date

(954) 484-5053

Daytime Phone #