


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000914	
1. Entity Name L' ACADEMIE INTERNATIONALE DE LA GASTRONOMIE (FLORIDE), INC.	

Principal Place of Business C/O 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131	Mailing Address C/O 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0727827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION C/O 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2007**

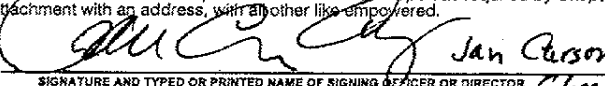
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000584388
01/12/07-80036-003 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHEEZEM, JAN CARSON C/O 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMSON, JOHN 201 S BISCAYNE BLVD SUITE 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOINE, ROSAMEE C/O 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:  **Jan Carson** **1/10/06** **305 702 3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #