


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001177</b> 1. Entity Name <b>LE CLUB DES PARENTS DE L'ECOLE FRANCO-AMERICAINE DE MIAMI, INC.</b>	
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Principal Place of Business <b>6565 RED RD CORAL GABLES, FL 33143</b>	Mailing Address <b>6565 RED RD CORAL GABLES, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent  <b>MESA, MANUEL ARTHUR ESQ 1000 BRICKELL AVENUE, SUITE 660 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD CHARRIAUD, ISABELLE 10645 SW 73RD COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD SETTLER, CISSY 7229 SW 54TH AVE MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/17/05-80018-004 61.25

**DO NOT WRITE  
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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 all other duly empowered.

<b>SIGNATURE:</b>  <b>Cissy Settler</b> <b>3/15/05 305 6029228</b>	Date _____ Daytime Phone # _____
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