

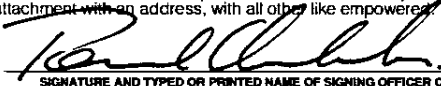


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000005837</b> 1. Entity Name <b>ASSOCIATION INTERNATIONALE DE SOLIDARITE, INC.</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>04 APR 15 AM 9:19</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div> 			
Principal Place of Business <b>7350 NW 7 STREET</b> <b>SUITE 104</b> <b>MIAMI, FL 33126</b>				Mailing Address <b>P.O. BOX 010270</b> <b>MIAMI, FL 33101-0270</b>					
2. Principal Place of Business		3. Mailing Address		04142004 Chg-NP CR2E037 (10/03)		4. FEI Number <b>65-0912855</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
<b>CHEHADE, PAUL</b> <b>7350 NW 7 ST.</b> <b>SUITE 104</b> <b>MIAMI, FL 33126</b>						Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code:</span> </div>			
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. <div style="text-align: right; margin-top: 10px;"> <b>04/15/04--01023--006 ***70.00</b> </div>									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing)</small>									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHEHADE, PAUL</b> <b>7350 NW 7TH ST, SUITE 104</b> <b>MIAMI, FL 33126</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 like empowered.									
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									
					Date		Daytime Phone #		

*tr*