

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005837

FILED  
Jan 27, 2006  
Secretary of State

**Entity Name:** ASSOCIATION INTERNATIONALE DE SOLIDARITE, INC.

**Current Principal Place of Business:**

7350 NW 7 STREET  
SUITE 104  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 010270  
MIAMI, FL 33101

**New Mailing Address:**

**FEI Number:** 65-0912855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHEHADE, PAUL  
7350 NW 7 ST.  
SUITE 104  
MIAMI, FL 33126 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: CHEHADE, PAUL  
Address: 7350 NW 7TH ST, SUITE 104  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: CHEHADE, SONIA  
Address: 7350 NW 7TH ST, SUITE 104  
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete  
Name: SIGNORELLI, FABRIZIO  
Address: 7350 NW 7 STREET, SUITE 104  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHEHADE, PAUL  
Address: 7350 NW 7 TH ST, SUITE 104  
City-St-Zip: MIAMI, FL 33126

Title: VD (X) Change ( ) Addition  
Name: CHEHADE, SONIA  
Address: 7350 NW 7 TH ST, SUITE 104  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL CHEHADE

PD

01/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date