

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145568

FILED
Sep 06, 2005
Secretary of State

Entity Name: ASSOCIATION DE LA FRATERNITE, INC.

Current Principal Place of Business:

4550 NW 41ST PLACE
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4550 NW 41ST PLACE
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINVIL, LOUINES PRES.
4251 NW 5TH STREET
APT. #42
PLANTATION, FL, FL 33317 US 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SAINVIL, LOUINES PRES
Address: 4251 NW 5TH STREET #42
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: EXAVIER, ROBERT VP
Address: 4000 NW 90TH WAY
City-St-Zip: SUNRISE, FL 33351

Title: SEC () Delete
Name: BAPTISTE, ROSNEL SEC
Address: 4865 NW 6TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: SEC () Delete
Name: JEANESTAL, MARIE-ROSELINE SEC
Address: 2611 SW 9TH STREET #1
City-St-Zip: FT LAUDERDALE, FL 33312

Title: TREA () Delete
Name: JEAN-CHARLES, IDONEL TREA
Address: 4550 NW 41ST PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: TREA () Delete
Name: MOLTIMER, ECLESIASTE TREA
Address: 6307 NW 29TH COURT
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAINVIL LOUINES

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date