

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145568

FILED
Apr 29, 2009
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: 59-3740589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SAINVIL, LOUINES
491 NW 42ND AVE
APT. #4
PLANTATION, FL 33317 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SAINVIL, LOUINES
Address: 491 NW 42ND AVE #4
City-St-Zip: PLANTATION, FL 33317

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

SIGNATURE: LOUINES SAINVIL

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date