2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # P9700007749 1. Entity Name BUREAU OF FRENCH ACCOUNTING, INC.						Secretary of State				
Principal Place of Business Mailing Address				-J						
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		:						
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2. Principal Place of Business		3. Mailing Address					\#\\\		(13 44) (1 (146)	
Suite, Apt. #, etc		Suite, Apt #. etc			03232005	Chg-P	CR2E034 (10/03)	-		
City & State		City & State				4. FEI Numbe 65-073			oplied For ot Applicable	
Zip	Country	Zrp	Country			5. Certificate	of Status Desired	☐ \$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New I	Registered Agent		
TRANSGLOBAL CORPORATE ANDMINISTRAION, LLC				Name						
250 BRICKELL KEY DR #O-305 MIAMI, FL 33131				Street Add	dress (l	(P.O. Box Number is Not Acceptable)				
				City		FL Zip Code				
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 typed or predict name of registered agent and title if applicable (NOTE: Registered Agent signature required when relictating) DATE.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5 Trust Fund Contribution. Add						00 May Be ad to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME	DPST LACHAISE, PAUL CHRISTIAN	□ Delete	TITL NAM				Lichana	☐ Change	Addition	
STREET ADDRESS CITY-ST-2IP	5108 NW 106TH AVE MIAMI, FL 33178		STRI	STREET ADDRESS CRY+ST-ZIP			04/28/05	0340717 -80127-012 1!	50.00	
TITLE	DV	☐ Delete	TITU	, T				☐ Change	Addition	
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CITY-ST ZIP	MIAMI, FL 33131			ST-7IP						
DTLE NAME STREET ADDRESS CITY-ST-ZH ²	DV GRECO LAINO, EDUARDO 520 BRICKELL KEY DRIVE SUIT MIAMI, FL 33131	☐ Delete		I .				☐ Change	Addition	
TITLE	AS	☐ Dalete	THE	Ε			······································	☐ Change	☐ Addition	
HAME	STANHAM, NICHOLAS			NAME						
STREET ADDRESS GITY+ST-ZIP	520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			EET ADORESS (+S)-ZiP						
TITLE		☐ Dalele	ını	ξ				☐ Change	Addition	
NAME			HAN	I .						
STREET ADDRESS CHTY+ST-ZIP				ELT ADDRESS (-ST-ZIP						
TITLE		☐ Delete	p.r.	£.			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS			MAN Jata	IFT ADDRESS						
CITY - ST - ZIP				r-st-zip						
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 anofficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules, and that my name appears in Block 10 relick 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __

NATURE AND TWEETON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Stanham

4/25/05 374380