


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90182 028 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P97000007749</b>                             |  |
| 1. Entity Name<br><b>BUREAU OF FRENCH ACCOUNTING, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>520 BRICKELL KEY DRIVE SUITE 0-305<br/>MIAMI, FL 33131</b> | Mailing Address<br><b>520 BRICKELL KEY DRIVE SUITE 0-305<br/>MIAMI, FL 33131</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01102006 Chg-P CR2E034 (11/05)

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>TRANSGLOBAL CORPORATE ANDMINISTRAION, LLC<br/>250 BRICKELL KEY DR #0-305<br/>MIAMI, FL 33131</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Transglobal Corporate Administration, LLC</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>520 Brickell Key Drive - Suite - 0-305</b><br>City<br><b>miami</b> FL Zip Code<br><b>33131</b> |  |
|--|--|--|--|

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  **Samuel P. Haven** 04/19/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>LACHAISE, PAUL CHRISTIAN<br>5108 NW 106TH AVE<br>MIAMI, FL 33178 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>DELGADO, JUAN CARLOS<br>520 BRICKELL KEY DRIVE SUITE 0-305<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>GRECO LAINO, EDUARDO<br>520 BRICKELL KEY DRIVE SUITE 0-305<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>STANHAM, NICHOLAS<br>520 BRICKELL KEY DRIVE SUITE 0-305<br>MIAMI, FL 33131 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **NICHOLAS STANHAM** 04/19/06 305-374-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #