

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005352

**FILED**  
**Mar 19, 2024**  
**Secretary of State**  
**3631013894CC**

**Entity Name:** ASSOCIATION DES MAPOIS A L'ETRANGER INC

**Current Principal Place of Business:**

4557 PURDUE DR.  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

4557 PURDUE DR.  
BOYNTON BEACH, FL 33436

**FEI Number: 86-3752845**

**Certificate of Status Desired: Yes**

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

TOUSSAINT, DEGRAND  
8224 NW 24TH STREET  
CORAL SPRINGS, FL 33065 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name TOUSSAINT, DEGRAND  
Address 8224 NW 24TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title SEC  
Name EDOUARD, BLANCHARD  
Address 4557 PURDUE DR.  
City-State-Zip: BOYNTON BEACH FL 33436

Title VP  
Name SYLVAIN, CARDESTIN  
Address 6461 SW 19TH STREET  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIR  
Name SAINT-PHARD, DIEUVET  
Address 19551 NW 1ST PLACE  
City-State-Zip: MIAMI GARDENS FL 33169

Title TREA  
Name VAL, LIFAITE  
Address 829 SE 3RD AVE  
City-State-Zip: DELRAY BEACH FL 33483

*I hereby 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 all other like empowered.*

**SIGNATURE: DEGRAND TOUSSAINT**

**P**

**03/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date