


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


Due May 1 -
 FILED
 Mar 2
 Feb 09, 2005 08:00 AM
 Secretary of State

DOCUMENT # 633245
 1. Entity Name
 VIEILLE PROVENCE, INC.



Principal Place of Business Mailing Address
 710 SW 9TH TERR 710 SW 9TH TERR
 FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE



02062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1938941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, CHARLES S JR
 414 NE 4 STREET
 FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEAUNE, DONALD 700 SW 9TH TERR FT LAUDERDALE, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOOPERMAN, LEONARD 700 SW 9TH TERR FT LAUDERDALE, FL 00000.
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 02/10/05-80003-001 150.00

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IN THIS SPACE**

12. I hereby 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 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:  Date: Feb 7/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.764.8773