

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005651

FILED
Mar 16, 2004
Secretary of State

Entity Name: LA PALOMA HOLDINGS, INC.

Current Principal Place of Business:

500 DE LA NEUVE-FRANCE
SAINT-JEAN-SUR-RICHELIEU,, QC J3B 1A7 CD

New Principal Place of Business:

Current Mailing Address:

9200 MILITARY TRAIL
BOYNTON BEACH, FL 33436

New Mailing Address:

9200 MILITARY TRAIL
BOYNTON BEACH, FL 33436 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUFFARD, THERESE
9200 MILITARY TRAIL,
#033
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TOURANGEAU, ROYAL VP
Address: 6431 ST. CHARLES
City-St-Zip: ORLEANS .ONT. CAN, CD K1C 1A7 CD

Title: P () Delete
Name: LANCTOT, MICHEL P
Address: 3 RUE DES PINSONS
City-St-Zip: VENISE EN QUEBE, QUEBEC, CAN, CD J0J 1K0 CD

Title: T () Delete
Name: BOUFFARD, THERESE T
Address: 500 DE LA NEUVE-FRANCE
City-St-Zip: ST-JEAN-SUR-RICHELIEU, QC. CAN, CD J3B 1A7 CD

Title: S () Delete
Name: BEAUCHEMIN, LUCIEN S
Address: 56 RUE DU DESERT
City-St-Zip: GATINEAU, QC. CANADA, CD J8R 391 CD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: S (X) Change () Addition
Name: BEAUCHEMIN, LUCIEN S
Address: 56 RUE DU DESERT
City-St-Zip: GATINEAU, QC. CANADA, CD J8R 3P1 CD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THERESE BOUFFARD

T

03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date