


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90125 037 \*\*\*150.00

**DOCUMENT # P03000126309**

1. Entity Name  
**LE CHIC BÉBÉ, INC.**



Principal Place of Business      Mailing Address

**7886 NW 121 WAY**      **7886 NW 121TH WAY**  
**PARKLAND, FL 33076 US**      **PARKLAND, FL 33076**

2. Principal Place of Business      3. Mailing Address

**10958 NW 80<sup>th</sup> Manor**      **10958 NW 80<sup>th</sup> Manor**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02172005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Parkland Florida**      **Parkland Florida**

Zip      Country      Zip      Country

**33076 BROWARD**      **33076 Broward**

4. FEI Number      Applied For

**20-0366254**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ULYSSE, FAYOLLE**  
**7886 NW 121 WAY**  
**PARK LAND, FL 33076**

**7. Name and Address of New Registered Agent**

Name **FAYOLLE GENOVA**

Street Address (P.O. Box Number is Not Acceptable)  
**10958 NW 80<sup>th</sup> Manor**

City **Parkland**      FL      Zip Code **33076**

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 *Fayolle Genova* **FAYOLLE GENOVA**      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ULYSSE, FAYOLLE	7886 NW 121 WAY	PARK LAND, FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FAYOLLE GENOVA	10958 NW 80 <sup>th</sup> Manor	Parkland FL 33076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	Patrick Genova	10958 NW 80 <sup>th</sup> Manor	Parkland FL 33076	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Fayolle Genova*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #