

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28561

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: PARVENU ENTERPRISES, INC.

**Current Principal Place of Business:**

7249 S.E. HOBE TERRACE  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3186  
TEQUESTA, FL 33469 US

**New Mailing Address:**

FEI Number: 65-0308453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARCHER, TODD C  
7249 S.E. HOBE TERRACE  
HOBE SOUND, FL 33455 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: DPT ( ) Delete  
Name: ARCHER, TODD  
Address: 7249 SE HOBE TERRACE  
City-St-Zip: HOBE SOUND, FL

Title: DVS ( ) Delete  
Name: ARCHER, TODD  
Address: 7249 SE HOBE TERRACE  
City-St-Zip: HOBE SOUND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TODD C. ARCHER

DPT

04/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date