

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004007

Entity Name: PWOJE MIKE, INC.**Current Principal Place of Business:**3819 SHELLEY ROAD SOUTH
WEST PALM BEACH, FL 33407**Current Mailing Address:**3819 SHELLEY ROAD SOUTH
WEST PALM BEACH, FL 33407 31**FEI Number:** 47-3832320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF JAMES JEAN-FRANCOIS
6100 HOLLYWOOD BLVD.
211
HOLLYWOOD, FL 33024 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	VELOUSE, JEAN-JACQUES
Address	3819 SHELLEY ROAD SOUTH
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	ST. HILAIRE, PATRICK
Address	3819 SHELLEY ROAD SOUTH
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SEC
Name	GEORGES, MICHELLE
Address	3819 SHELLEY ROAD SOUTH
City-State-Zip:	WEST PALM BEACH FL 33407

Title	TRES
Name	FRANCOIS, MONA
Address	3819 SHELLEY ROAD SOUTH
City-State-Zip:	WEST PALM BEACH FL 33407

Title	ADVISOR
Name	HEPWORTH, LAUREN
Address	3819 SHELLEY ROAD SOUTH
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DIR
Name	JEAN-FRANCOIS, VIVIANNE
Address	3819 SHELLEY ROAD SOUTH
City-State-Zip:	WEST PALM BEACH FL 33407

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: MONA FRANCOIS**TREASURER****04/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date