

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N21000006143

Entity Name: 2EME VIE, INC.

**Current Principal Place of Business:**

204 THREE ISLANDS BOULEVARD  
105  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 813164  
HOLLYWOOD, FL 33081 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

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

PREVAL, JULIE  
204 THREE ISLANDS BOULEVARD  
105  
HALLANDALE BEACH, FL 33009 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 PRES  
Name PREVAL, JULIE R  
Address PO BOX 813164  
City-State-Zip: HOLLYWOOD FL 33081

Title VP  
Name LAROSE, KIM  
Address 7946 BOULEVARD LEVESQUE EST  
City-State-Zip: LAVAL H7A1T-7

Title VP  
Name JEAN MARIE, YOUSELINE  
Address JUVENAT 7  
City-State-Zip: PETION VILLE OC 33321

Title TREASURER  
Name CLERGE, STEVEN  
Address 204 THREE ISLANDS BOULEVARD  
105  
City-State-Zip: HALLANDALE BEACH FL 33009

Title CONSULTANT  
Name ERASSAINT, MAXIME  
Address 1654 TALBOTT ST SE  
City-State-Zip: PALM BAY FL 32909

*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: JULIE R. PREVAL

PRESIDENT

08/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date