

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000076267

**Entity Name:** JEAN-BAPTISTE & SON INCORPORATED**Current Principal Place of Business:**8440 NW 19 STREET  
PEMBROKE PINES, FL 33024**Current Mailing Address:**8440 NW 19 STREET  
PEMBROKE PINES, FL 33024 US**FEI Number:** 81-1586844**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DORVIL, JEANNE  
8430 TAFT STREET  
PEMBROKE PINES, 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           | D                       |
| Name            | JEAN-BAPTISTE, ABDY     |
| Address         | 8440 NW 19 STREET       |
| City-State-Zip: | PEMBROKE PINES FL 33024 |

|                 |                         |
|-----------------|-------------------------|
| Title           | P                       |
| Name            | DORVIL, JEANNE          |
| Address         | 8430 TAFT STREET        |
| City-State-Zip: | PEMBROKE PINES FL 33024 |

|                 |                         |
|-----------------|-------------------------|
| Title           | R                       |
| Name            | DORVIL, ONEL            |
| Address         | 8430 TAFT STREET        |
| City-State-Zip: | PEMBROKE PINES FL 33024 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | ST CROIX, EUNICE       |
| Address         | RUE 21 M-N #166        |
| City-State-Zip: | CAP-HAITIEN NO HT111-0 |

|                 |                        |
|-----------------|------------------------|
| Title           | T                      |
| Name            | ST CROIX, EDNER        |
| Address         | RUE 21 M-N #166        |
| City-State-Zip: | CAP-HAITIEN NO HT111-0 |

|                 |                      |
|-----------------|----------------------|
| Title           | C                    |
| Name            | JEAN-BAPTISTE, OBED  |
| Address         | 2660 RUE GOYER       |
| City-State-Zip: | MONTREAL QC H3S 1-H3 |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABDY JEAN-BAPTISTE**D****02/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date