

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-25-2007 90045 034 ***150.00

08-20-2007 90056 025 ***400.00

DOCUMENT # 244042

1. Entity Name
RENEE DE PARIS INC



Principal Place of Business
**6608 COLLINS AVENUE
MIAMI BEACH, FL 33141**

Mailing Address
**6608 COLLINS AVENUE
MIAMI BEACH, FL 33141**

40129670



07192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0914057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VENTURA, FRANKLIN A.
375 GOLDEN BEACH DR.
GOLDEN BEACH, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VENTURA, FRANKLIN
STREET ADDRESS	375 GOLDEN BEACH DR.
CITY-ST-ZIP	GOLDEN BEACH, FL
TITLE	STD
NAME	VENTURA, MARJORIE
STREET ADDRESS	375 GOLDEN BENCH DR
CITY-ST-ZIP	GOLDEN BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07

Date

305 865 764

Daytime Phone #