## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # 589417** 1. Entity Name BOUCHARD-VEILLEUX, INC. Mailing Atidress Principal Place of Business 1128 N.E. VICTORIA PARK ROAD FT. LAUDERDALE, FL 33304 1128 N.E. VICTORIA PARK ROAD FT. LAUDERDALE, FL 33304 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1918870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEILLEUX, FRANCE B. DO NOT WRITE 2440 NE 27 TER FT. LAUDERDALE, FL 33305 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Eection Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BOUCHARD, JASMIN NAME 1114 NE VICTORIA PK STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL ----- U00000322610 TITI F SD 04/22/05-80020-012 150.00 VEILLEUX, FRANCE B. NAME STREET ADDRESS 6102 NW 45TH AVE COCONUT CREEK, FL CITY-ST-ZIP SD TITLE VEILLEUX, FRANCE B. NAME 1128 N.E. VICTORIA PARK STREET ADDRESS DO NOT WRITE FT. LAUDERDALE, FL CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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 exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

FILED