

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 631090

1. Entity Name
DO-RE-MI OF FLORIDA, INC.



Principal Place of Business

12265 GUERTIN
MONTREAL, CANADA H4J 1V8,

Mailing Address

12265 GUERTIN
MONTREAL, CANADA H4J 1V8,

FILED
04 MAR 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2052733

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, CLAUDIA J
% ROMANIK LAVIN HUSS & PAOLI, P.A.
1901 HARRISON STREET
HOLLYWOOD, FL 33020

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROY, JEAN
12265 GUERTIN
MONTREAL, CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LORRAINE, ROY
12265 GUERTIN
MONTREAL, CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000031549340
03/31/04--01019--014 **250.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

March 17 2004

Date Daytime Phone #