

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90024 036 ***150.00

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1. Entity Name
BAYOU INVESTMENT CORPORATION

Principal Place of Business
**C/O CIBC TRUST CO. (BAHAMA), LTD.
GOODMAN'S BAY CNTR, W. BAY STREET, NASSAU
BAHAMAS,**

Mailing Address
**C/O BANK OF HAWAII IPB-274
111 S KING STREET
HONOLULU, HA 96813**

34023703



2. Principal Place of Business
**c/o Bank of Butterfield
(Bahamas) Limited
Suite, Apt. #, etc.
Montague Sterling Centre 3F**

3. Mailing Address
Suite, Apt. #, etc.

01162004 Chg-P CR2E034 (10/03)

City & State
Nassau

City & State

4. FEI Number
98-0219218

Applied For
Not Applicable

Zip
Bahamas

Zip
Bahamas

Country
Bahamas

Country

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Sterling East Ltd.

Street Address (P.O. Box Number is Not Acceptable)
**Montague Sterling Centre, East Bay Street
Nassau, Bahamas**

City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	SD COMMERCE SERVICES LIMITED GOODMAN'S BAY CORP. CENTRE, WEST BAY STREET NASSAU, BAHAMAS, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORPORATE ASSOCIATES LIMITED GOODMAN'S BAY CORP. CENTRE, WEST BAY STREET NASSAU, BAHAMAS, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sterling East Ltd. Montague Sterling Centre, East Bay Street Nassau, Bahamas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montague East Ltd. Montague Sterling Centre, East Bay Street Nassau, Bahamas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Trevor D.A. Sunderland **25th Feb 04** **393-8622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #